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AMERICAN OBSERVER

MEDICAL MONTHLY:

DEVOTED TO

HOMŒOPATHIC MATERIA MEDICA,

SURGERY, PRACTICE OF MEDICINE,

GYNÆCOLOGY, OBSTETRICS,

PÆDOLOGY, PATHOLOGY, PHYSIOLOGY, POSOLOGY, TOXICOLOGY, MEDICAL JURISPRUDENCE, MICROSCOPY, CHEMISTRY, BOTANY, AND HYGIENE.

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NEW SERIES—VOLUME III.

FROM BEGINNING, VOL. XIII.

DETROIT, MICH:

Published by EDWIN A. LODGE, M. D., General Editor, 353 Woodward Avenue,

Next to Corner of High street.

1876.

DETROIT:

DAILY POST BOOK AND JOB PRINTING ESTABLISHMENT.

1876.

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Introductory.

We do not send out the first number of our thirteenth volume with a profusion of promises as to its future character. Our purposes are well understood by our readers of the past, and new subscribers may take the present number as indicating our course in the future.

Prof. S. A. Jones gives in his department of Materia Medica a paper upon *Tela Aranearum*, and we have reserved for other numbers contributions from his pen of still greater value.

Prof. John C. Morgan furnishes a valuable lecture, "*The Claim of Homœopathy to a place among the Sciences*," and we have the promise of other articles from his pen that will doubtless be of equal merit.

Thomas Nichol, M. D., has in the present number a good Clinical article on the use of Aconite in *Prostatitis*. He will remain in charge of the department of Pædology, which has been so highly prized by our readers.

Bushrod W. James, M. D., who has had charge of the *Surgical Department* of this Journal for many years, remains faithfully at his post with unabated interest in its prosperity. The present number contains some of his contributions of decided merit, and we have a number of others reserved for use from month to month.

J. G. Gilchrist, M. D., has removed to Detroit, and we heartily welcome his name on our list of contributors.

C. Henri Leonard, M. D., continues his Manual of Bandaging, with excellent illustrations. This will be the most complete Manual published, and we are glad that our readers appreciate its practical character.

Prof. S. Lilienthal has furnished us the choicest *Translations from Foreign Medical Literature*, and we are pleased to be able to say that we now have in the compositors' hands some of the best which he has prepared for us.

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C. P. HART, M. D., retains editorial charge of the Department of Practice of Medicine. On page 49 will be found an article on *Meningitis*, and on page 53 one on *Cerebritis*, elaborated in his usual style, and illustrated by tables.

E. B. IVATTS, M. D., of Dublin, Ireland, a new contributor who is most welcome in our corps of colleagues, gives a good article (on page 58) on *Eryngium Maritimum*, and we expect to receive from him a series of valuable *Materia Medica* papers on East Indian remedies.

PROF. H. P. GATCHELL, our friend for over a quarter of a century past, gives us in the February number, pp. 73—77, some Materia Medica Notes which are most welcome, and which we hope he will continue from month to month.

The Department of OBSTETRICS remains under charge of Prof. *W. C. Richardson, M. D.*, of the Missouri School of Midwifery, who has special qualifications for this post.

In GYNÆCOLOGY we expect to publish acceptable articles from the pen of *W. H. Blakely, M. D.*, Editor of this Department.

CONTROVERSIAL ARTICLES will not be excluded, but we can only give them a limited space, and, as on pp. 65—66, we shall endeavor to let both sides be heard in the same number.

CONTRIBUTIONS SOLICITED.

We are not in the habit of making direct application for contributions to our pages, and we hope none of our readers will wait for special invitation to write for us. We are always prepared to receive practical articles from our practitioners. Brief clinical reports referring to cures by single remedies are particularly desired.

SUBSCRIPTION PRICE

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Address, EDWIN A. LODGE,
GENERAL EDITOR AND PUBLISHER,
353 Woodward Avenue, Detroit, Mich.

Reviews, Book Notices, Etc.

A MANUAL OF PHARMACODYNAMICS. By Richard Hughes, L. R. C. P., Edin. Third edition, mostly re-written. Part I. The Acids-Guaiacum. London: Henry Turner & Co., New York: Boericke and Tafel, 1875.

Some of the best books in English medical literature are those which form a small *editio princeps* have grown with each re-issuing until the last is a fitting monument of an earnest life-work. Prout's classical work *On Stomach and Renal Diseases* is an instance; Coulson's *Diseases of the Bladder* is another.

Dr. Hughes is following good examples: how faithfully will be shown by an examination of the book under notice.

His first edition had 551 pages; his second 566, and now part first of the third issuing comes to us with 387—leading us to expect some 750 pages in the completed work.

We were inclined to be regretful when we first learned that in his third edition the author intended to drop the quiet and unassuming form of familiar letters to a friend and to present his material in the statelier shape of lectures, but since receiving part first we find a pleasure in the change, which is something akin to that of a father who sees his boy translated from jacket-and-trowserhood into the full dignity of frock-coatdom.

If we recollect the purpose of the first edition of this work—a purpose which our author has not relinquished, as his lectures at the London Homœopathic Hospital testify—we must acknowledge that Dr. Hughes has fulfilled that purpose most fitly. The book, in all its editions, is a good example of the *art of putting things*, for its aim is to *put* our application of drugs to diseases in such a shape as will not repel the enquiring "old school" physician; and viewed in this aspect it is only the simple truth to say that the volume is unique—indeed, as the Germans call Jean Paul *der Einzige*, even so may we term this work "the only one" really adapted to the end in view.

We make this avowal all the more readily in that the day has been when we lost sight of this purpose when judging the book. While charmed by the ease and translucency of Dr. Hughes' style,

we still felt that he had not gotten at the kernel of any of the drugs handled in his book; we looked for that subtlety of analysis which distinguishes the drug-studies of a Dunham, forgetting the while that the wise rule is, in even mental dictetics, *milk for babes, etc.*, and, surely, Hughes wrote for *babes*, for the lost *children* of a medical Israel.

As a rule, argument with an "Allopath" is a vexation of spirits (of *two*, for both "get mad"), but if you can get an "Allopath" a-trying "*his* goose is cooked," as Milton has it. (Paradise Lost, Book XIII, Line 512?) Hughe ' book tells such an one how and what to *try*, and as evangelist for our faith Hughes' Companion Manuals are of far more value than all the Sharp's *Essays* that ever were or will be printed. Not that we undervalue Dr. Sharp's contributions; they "fetch" laymen, but to the "old school" M. D. they are as "caviare to the general."

It will, moreover, be an error to conclude that the full value o Dr. Hughes' book is found in its applicability to the wants of the heathen at our doors. On the contrary, it is one of the best works to put into the hands of the fresh student of homœopathic medicine. And not only the fresh student will be instructed by the book, for which of us can say that he has read it and not thereby added to his previous stock of knowledge?

In the present edition we have evidence of a firmer grasp of many of the remedies treated, and of a deeper insight into the maze of many a pathogenesis. Dr. Hughes is an ardent and untiring student, and his reading enables him to illuminate many a dark field; to interpret many symptom-riddles into their pathological equivalents. If the amount of this kind of work be meagre—and the sum of the known is but little compared with the x and y of the unknown—its very paucity only gives emphasis to our need for it;—and a growing sense of this need is the most cheering symptom observed to-day in our school. This sense of need indicates the direction of progress for years to come, and when our need attains to the fullness of its desire, we shall have an objective symptomatology of so precise a character as will go far towards preserving us from mistaking a verbal *similimum*, which is an accident of the prover's language, for that only true one wherein the drug-pathology and the disease-pathology run in parallel lines. Those who affect to

despise such knowledge as this unjustly assume that they who seek it, continue those seemingly-insignificant subjective *data*, an observance of which constitutes the secret of our most splendid successes. They forget, however, that the study of the one by no means excludes a just appreciation of the other, and that as knowledge is power, the strongest practitioner must be the physician who includes both. A fuller appreciation of each other's endeavors, and a mutual appropriation of each other's knowledge is devoutly to be desired, both for the welfare of the sick and the progress of *all* truth.

The book speaks for itself so decidedly, that in the simple fitness of things we commend the reader to its pages. If pressed to cite specimens of Dr. Hughes's "muscle," we would instance his treatment of *Belladonna*, among the old remedies, and of *Baptisia* among the new. Writing of the latter our author says, "the claim that some of us have raised for Baptisia is that *it is the Aconite of its fever and the Camphor of its enteric flux*,"—a phrase that will find its place in the student's memory as naturally as a burr sticks to a sheep's tail.

On one point we are at variance with Dr. Hughes, and this is where he appears to question the possibility of "proving" a drug in the 30th potency—*Vide Calcarea, p. 225*. "Of the symptoms thus obtained I have nothing to say," are his words. Now this "say" of Dr. Richard Hughes has a weight of which he has no conception, and his "say" will go far towards shaping the opinion of many. In this light we regret an uncertain note from him in the matter of a question which can be settled by experiment; and we are fain to ask if in regard to *such* questions *a priori* conclusions are allowable? We are not disposed to discuss this—it is a matter for experimental research, not rhetoric—but we do commend to every "doubting Thomas" a careful perusal of a proving of *Lilium tigrinum*, which is to be found in the *Trans. of American Institute of Homœopathy, pp. 337—347, Chicago, 1871*. Having been deeper in the bottomless pit of unbelief than Dr. Hughes, and having gotten absolute convictions from experiment on our own body, we can but regret that an uncertainty, which is by no means unavoidable, should restrict the usefulness of Dr. Hughes' book. It is often a privilege to testify for the truth; it is always a duty to testify for the whole truth, and the truest soldier will ever plant himself where the attack is fiercest, because there the line seems weakest to the enemy. Un-

welcome as it may be to many, we do assert that the last fight for our faith will be on the question of posology. All else that has hitherto distinguished us is being absorbed by the Old School, rechristened like a stolen child, and then claimed as their own. They will as certainly adopt our "dose" as the sun rises and sets, but can they by any legerdemain of language so rechristen *that* as to conceal the appropriation?

Our posology is that for which such as have more chondrin than carbonate of lime in their vertebræ now apologise; yet this very posology alone will preserve the individuality of Homœopathy in that coming fusion which the signs of the times declare to be inevitable. From the loins of the "Old School" (as they delight to be called) Wilkeses who will prescribe Aconite in the now-despised dilutions, and Harleys who will "prove" the *Old Vegetable Narcotics* in the 30th attenuation. In this far-off stronghold of the enemy my companion and myself can hear the ram's horns blowing; we feel that some walls must fall; we know that those walls are not ours.

For the pleasure of reading an advance copy of the work under notice we are indebted to the courtesy of its author. S. A. J.

THE PASSIONS in their relations to Health and Diseases. Translated from the French of Dr. H. Bourgeois, by Howard F. Damon, A, M., M. D., James Campbell, Boston, 1873.

A large number of manuals on sexual relations have been published during the last ten years for popular use which have merely served to increase the evils they pretended to cure. The author of this book having had in view the maxim of Aristotle: "*To say what should be said, to say only what should be said, and to say it as it should be said,*" presents us with a valuable work; certainly not faultless, but a most delicate and difficult task has been well performed.

Less than two pages are devoted to treatment. We find Nux and Sulphur recommended for hemorrhoids; Sulphur, Sepia, Phosphoric acid and Calcarea for masturbation and its consequences; Phosphorus in *extremely minute doses* for salacity; Carbo veg. for prostration, etc., etc., all of which are certainly homœopathic, yet we understand that the author is an allopathic physician, now practicing in the City of Paris. In another generation we suppose that half of the remedies, which are now peculiar to us, will be in daily use by physicians generally.

Materia Medica.

S. A. JONES, M. D., ANN ARBOR, MICHIGAN, EDITOR.

TELA ARANEARUM. SPIDER'S WEB.

Dr. Gillespie, of Edinburgh, "cured an obstinate intermittent with cobweb after other means had failed. Dr. Robert Jackson was led from this to try it himself. He told his success to Dr. Chapman of Philadelphia, who requested one of his pupils, Dr. Broughton, to investigate the subject, which he did, and wrote his Inaugural Thesis thereon in 1818. From these and other authorities we can gather enough testimony to show that it is well worth while to make a systematic proving of this animal product, thereby predicating its sphere and precisionising its employment.

In a work on fevers—which particular edition I have not been able to consult—Dr. Jackson writes: "I think I may venture to say that it prevents the recurrence of febrile paroxysms more abruptly, and more effectually than bark or arsenic, or any other remedy employed for that purpose with which I am acquainted: that, like all other remedies of the kind, it is only effectual as applied under a certain condition of habit; *but that the condition of susceptibility for cobweb is at the same time of more latitude than for any other of the known remedies.*"

If we bear in mind Grauvogl's constitution-classification of *Diadema aranea* as an hydrogenoid remedy, and recall how generally the hydrogenoid constitution is induced by intermittent fever, we shall be ready to acknowledge the truth of the passage which I have placed in italics, and with this evidence of a truthful beginning we shall be more ready to accept the subsequent testimony.

"If the cobweb," continues Dr. Jackson, "was given in the time of perfect intermission, the return of paroxysm was prevented; if given under the first symptoms of a commencing paroxysm, the symptoms were suppressed, and the course of the paroxysm was so much interrupted that the disease, for the most part, lost its characteristic symptoms. If it was not given until the paroxysm was ad-

vanced in progress the symptoms of irritation, viz.: tremors, startings, spasms, and delirium, if such existed as forms of febrile action, were usually reduced in violence, sometimes entirely removed. In this case sleep, calm and refreshing, usually followed the sudden and perfect removal of pain and irritation. Vomiting, spasms, and twisting in the bowels, appearing as modes of febrile irritation, were also usually allayed by it; there was no effect from it where the vomiting or pain was connected with real inflammation or progress to disorganization."

"In cases of febrile depression, deficient animation, or indifference to surrounding objects, the exhibition of eight or ten grains of cobweb was often followed by exhilaration: the eyes sparkled; the countenance assumed a temporary animation, and, though the course of the disease might not be changed, or the danger averted, more respite was obtained than is gotten from wine, opium, or anything else within my knowledge."

"In spasmodic affections of various kinds, in asthma, in periodic headaches, in general restlessness and muscular irritabilities its good effects are often signal. The cobweb gives sleep, but not by narcotic power;—tranquility and sleep here appear to be the simple consequence of release from pain and irritation."

"The changes induced on the existing state of the system, as the effect of its operation, characterize it as powerfully stimulant: 1. Where the pulses of the arteries are quick, irregular, and irritated, they become calm, regular, and slow, almost instantaneously after the cobweb has passed into the stomach: the effect is moreover accompanied, for the most part, with perspiration and perfect relaxation of the surface. 2. When the pulses are slow, regular, and nearly natural they usually become frequent, small, irregular, sometimes intermitting. 3. Where languor and depression characterize the disease, sensations of warmth and comfort are diffused about the stomach, and increased animation is conspicuous in the appearance of the eye and countenance."

Dr. J. likewise "effected perfect cures with it in some troublesome spasmodic affections, and gave it with the most marked benefit in dry, irritating coughs, usually termed nervous. In the advanced

stage of phthisis it procured a respite beyond his expectation. He also found it useful in restraining a troublesome hiccough."

Remembering the fame of *Mygale avicularia* in chorea we may well expect this other spider to be of use "in some troublesome *spasmodic* affections.

Dr. Chapman writes of it: "I have cured some obstinate intermittents, suspended the paroxysms of hectic, overcome morbid vigilance from excessive nervous mobility, and quieted irritation of the system from other causes, and particularly as connected with protracted coughs and other chronic pectoral affections. * * * * Some consider it as highly stimulant, invigorating the force of the pulse, increasing the temperature of the surface, and heightening excitement generally—others, witnessing no such effects, are disposed to assort it with those remedies which seem to do good *chiefly by soothing the agitations of the system.* I confess that I concur in the latter view of its properties."

How unconsciously the Philistines of Old Physic bear testimony to the truth of our therapeutic law. Given where "heightened excitement" obtained, Chapman saw it "do good chiefly by soothing the agitations of the system," and to him, of course, cobweb was a sedative.

Dr. Broughton, in his Thesis, says: "In all the cases of disease in which I have seen or heard of the exhibition of the web, no sensible, or at least no uniform, operation could be observed. Some patients were sensible of none, others of a slight sudorific, and some a nauseatic effect; and one or two thought it proved cathartic after remaining in the system for the space of twelve or fifteen hours. These accounts being so incorrect and various, I determined to ascertain (if possible) the correct operation by giving the web to healthy persons."

"I found from these experiments that the operation of the web appeared principally to be upon the arterial system; and perhaps in less time than any article already known: the force and frequency of the pulse being uniformly reduced in some cases ten, in others fifteen strokes in a minute; and in one case, the pulse, from being strong and full, became soft, small, and very compressible; all which operation took place within the space of two hours, after which time

the artery gradually regained its former force and frequency. This has been the only invariable effect I could observe, all others appearing but anomalous."

Dr. Thacher cites the following case from a paper of Dr. Jackson's: "W. Sands has been afflicted for many years with a distressing asthma, which has proved fatal to his father and two sisters. The complaint being hereditary, and aggravated by malformation of the thorax, no remedy gave any permanent relief, nor did change of climate procure any alleviation of symptoms. For a considerable time back he has never been able to lie down in bed on account of a sense of suffocation, but is obliged to be supported half sitting by pillows, and is seldom able to sleep. He swallowed nearly a scruple of the spider's web, he swallowed it at bed time, and to his utter astonishment enjoyed sound and uninterrupted sleep all night; a blessing to which he had been an entire stranger above six years. Since he began with the cobweb thinks his health is improved; the cough has certainly abated, but whenever the remedy is omitted the complaint returns."

Dr. Oliver found that "by the use of this remedy a patient laboring under organic disease of the heart and hydrothorax obtained great relief and refreshing sleep, who had not before slept for three nights. Another, under similar affection, experienced uncommon relief from the same prescription. To one suffering much pain from cancer it afforded ease and comfortable sleep. A patient in phthisis pulmonalis being affected with distressing agitation of mind and nervous irritation, it answered like a charm, and soon induced great sleep like a moderate dose of opium."

Dr. Webster found it useful "in many painful affections, in the restlessness of fevers, the symptoms of irritation which so frequently occur during a mercurial course for syphilis, in rheumatic headache, chronic coughs, and asthma. Twenty grains daily have been given for some time past to a female epileptic, and it is the only substance which has mitigated the violence of the disease, and prolonged the intervals of attack." On giving it to an old and infirm asthmatic it was followed by these effects: "slight but pleasant delirium was produced, and from the report of persons who slept in the room with him, the effect, though of longer duration, was very similar to that

of a dose of nitrous oxide gas; the muscular energy having been exceedingly increased, the patient could not be confined to bed, but danced and jumped about the room all night: in the morning I found him quietly asleep. No unpleasant symptoms ensued."

Eberle says: "I have taken it very often, and have uniformly found it to produce a calm and delightful state of feeling, succeeded by a disposition to sleep." Dr. Oliver also found it to produce in him "the most delicious tranquility, resembling the operation of opium, and followed by no bad effects."

Eberle has used it "with much advantage in chronic hysteria, and has found it particularly serviceable in women of a relaxed habit of body, accompanied with morbid irritability of the nervous system."

Many observers concur in recommending it as an excellent application to irritable sores.

The web of the black spider found in barns, cellars, and dark places, is the kind employed. If a specimen fails when used, it was probably too old—the recent web being recognized by its glutinous feeling. Five grain doses have generally been used: after proving it we can do with far less. Meanwhile, it will do to bear it in mind in those cases of fever and ague, where neither the doctor can amuse the patient nor nature cure the disease—who has not met such?

S. A. Jones.

ZIZYPHUS JUJUBA.*

N. O. Rhamneæ: Vernacular Bair.

A very common plant in the forests of Central and South India. The bark is used as a dye, and also for tanning; the root is considered a febrifuge by the natives, and oil is obtained from the kernels. O'Shaugnessy states that the bark is used in the Moluccas as a remedy for diarrhœa, the root with some warm seeds in infusion, in fever. The lozenges, and the thickened mucilage, called jujubes by the confectioners, are prepared from this and the *Z. Vulgaris!* Pieces of the roots, threaded into a necklace, are worn by the natives during attacks of ague. I have tried the root as a febrifuge, but find it slow in its action. In seventeen cases treated with a decoction of the root, the drug did not check the paroxysms until about the seventh or eighth day; I believe it acts more as a tonic than an antiperiodic.

* Surgeon B. Evers in *Indian Medical Gazette*, Oct. 1, from The *London Medical Record.*

EXTRACTS FROM CASES OF POISONING.

BY E. W. BERRIDGE, M. D., LONDON, ENGLAND.

BEECH NUTS. (From *Medical Museum—London, 1781—vol ii., pp. 97, 294.*) From a dissertation on hydrophobia, by Christian Frederick Seleg, M. D., of Enbenstoff, in Saxony, printed in Eslong, in 1762.

A boy aged 13 had eaten four days ago a large quantity of beech nuts. I found him in great pain, languid, and terrified with apprehensions of present death. Pulse very unequal, sometimes extremely quick, sometimes languid and intermittent; skin burning violently; mouth flowing with froth and saliva, intolerable thirst, entreating for drink, but as soon as any liquid was brought he seemed to shudder with equal horror, as if he had been eating unripe grapes. Soon after eating the nuts he had been seized with torpor, gloominess and dread of liquids. He had not been bitten by any rabid animal.

Next (5th) day, early in the morning he was the same, but seemed to talk more in his wildness and pertubation of mind, and his mouth flowed with foam more abundantly; the urine he had voided by night was red and fiery, depositing a copious turbid white sediment, resembling an emulsion of beech nuts, subsiding as deep as the breadth of the finger at the bottom of the vessel. A few hours before he died he vomited a porraceous bile, after which he died quietly.

The author in the *original* work gives a number of fatal cases of *spontaneous* hydrophobia. This work should be examined.

John Bauhin (*Hist. Plants*, vol. i, pp. 2, 121) says, that the nuts will disorder the head like darnel; hogs grow stupid and drowsy by feeding on them.

Ray (*Hist. of Plants*, tom. ii, p. 1382) and Mangetus (*Biblioth. Pharm.*, vol. i, p. 910) say the same.

Gottshedius (*Flor. Prussia*, p. 72) says, they cause intoxication and giddiness, and their sweet kernels are very diuretic. Shwenckfield (*Catal.Stirp. et Fossil Siles*, p. 71, etc.,) says, the fruit affects the head and intoxicate. Sim Paulis (*Quadripart Botan.*, cl. ii, p. n, 68) says, they cause headaches. Haller, (*Enumer. Stirp. Helv.*, p. 161) says, that they are not wholesome, and quotes from the Transactions (*Act. Haffn.* ann. 2, obs. 57,) that the ardent fevers called *leipera* or *causus*, have been occasioned by eating them; and from Breslaw (*Act. Phys. Med. Nat.*, vol. 8,) that they cause diarrhœa in pigs.—Our own experience is,that they frequently have caused headaches and swelling of mouth.

Furstenau says, (*Act. Phys. Med. Nat. Cur.*, vol. 8) that a boy aged 12, who had eaten a great deal of the beech mast was seized with the pleurisy, soon became delirious, and died in convulsions on the 11th day; and that forty years before, the inhabitants of a village were attacked with a fatal pleurisy, which was attributed to immoderate use of beech nuts.

EUPHORBIUM. (From *Medical Museum, vol. ii, p. 414*)—Case by Dr. Willis. A lady, eighteen days after accouchement, suffering from slow fever, took by mistake 2 oz. of a tincture containing 2 drachms of Gum Euphorb., 2 oz. of Spirit Vini rect., and 2 drachms of Camphor solution. Violent suffocation immediately followed, and an intolerable burning pain in mouth, throat, stomach, and abdomen, which lasted some time. After the symptoms were relieved by treatment, she complained of a soreness in the *primæ viæ*, and lay sweating for hours in a very low, desponding condition.

TEA. (From *Medical Museum, vol. ii, p. 49.*) It causes pain in stomach, dejection of spirits, cold sweats, palpitation of heart, trembling, fearfulness, hypochondriac gnawing appetite. Those among the Chinese who drink *green* tea to great excess, often have diabetes, or become emaciated.

OPIUM. *(Provincial Med. and Surg. Jour., 1840-1, vol. i, p. 334.)* Mrs. Elizabeth Galloway, aged 32, died from taking

six drachms of laudanum, taken for pains in abdomen and sickness, etc. After taking it she lay quiet for one-half hour, then said her sight was failing her, and she could not bear the light. At 8 p. m., (within 3 or 4 hours) she died. At 6:30 p.m. Dr. W. Dawson saw her—she was lying quite insensible; face very pale and cold; pupils contracted; breathing slow and stertorous; pulse quick and weak.

Post mortem. Brain in a high state of congestion; lungs gorged with black fluid blood; black fluid blood in right side of heart, spleen, and kidneys; stomach very vascular, contained dark colored mucus and coffee.

BRANDY AND SALT. (*Prov. Med. and Surg. Jour., 1840-1, v. i., p. 228.*) By E. Copeman. A man who had a tumor under his chin took brandy and salt internally, and rubbed it on his head. He was seized with hæmoptysis during a fit of coughing, and lost much blood. A second attack killed him in a few minutes.

PLATINUM. (From *Prov. Med. and Surg. Jour., 1840-1, vol. i, p. 239.*) By Dr. Ferdinand Hœffer, extracted from No. 48 of the *French Med. Gaz.* Dr. H. after taking 3 grains of the Perchloride had considerable headache; sensation of heat and weight about the epigastric regions; constriction of the throat and inclination to vomit—these symptoms disappeared in thirty minutes. A concentrated solution of the Perchloride when applied to the skin causes smart itching, followed by a slight cutaneous eruption of the part.

CUPRUM. (From *New Sydenham Soc. Pub. 1873, vol. 59, p. 443.*) Maschka relates a case of poisoning by the Sulphite. Death occurred in three days. Among other symptoms there was jaundice, which had been occasionally observed by others. Maschka attributes it to fatty degeneration of the liver, as in Arsenic and Phosphorus poisoning. (See original report in *Wien Med. Wochenschrift*, 1871, No. 26.)

Lectures.

THE CLAIM OF HOMŒOPATHY TO A PLACE AMONG THE SCIENCES.

A LECTURE, INTRODUCTORY TO THE COURSE IN THE

Homœopathic Medical College of the University of Michigan

By JOHN C. MORGAN, M. D.,

Professor of Theory and Practice of Medicine.

Ladies and Gentlemen:

Our gathering in this room, these first days of the medical session of 1875–6, suggests reflections of manifold interest. The past is matter of history; the future, matter of great hope and of some anxiety; but these may well be dismissed from our thought, to take up the labor, the duty, the privilege, of the present.

And what is that duty, what the occasion of our labor? On what pretext do we thus hold the attention of a sovereign State—the interest of a great institution of learning?

The people of this State, through their Legislature and the Board of Regents, have summoned us hither for a high and worthy purpose—a purpose which equally inspires us to-day, to wit: the study of a law of cure—the homœopathic law—*similia similibus curantur*—likes are cured by likes. To study the law as a part of universal science, and, as a fitting corollary, the diseases to be cured. Still more, and above all, the remedies which may cure the sick, and their proper application, under that law.

But why so much stir about a law of cure? Is there in it any benediction for suffering humanity? Is human mortality to be diminished—is human longevity to be increased—shall sickness and woe give place, at its touch?

Or, on the other hand, can its right to a place among the sciences be shown—or is it, as some say, no part of them—its law no law at all? Is it even possible to formulate therapeutics under any

single law? Are the various rules of practice in divers diseases capable of converging to such a centre?

All these questions we meet with the affirmation, "Homœopathy is the science and the art of Therapeutics." All the hygienic measures known to any school, all the known palliatives, except drugs, all the measures of an enlightened surgery and obstetrics, all the revelations of anatomy, of chemistry, of the microscope, of the spectroscope, belong to us in the fullest sense. Nay more, all are doubly precious, because doubly significant to us; and in practice, doubly pregnant with curative results, under the *reign of law!* For above all, that stands the dominating power.

No wonder, then, that this noble State, this great University, thus summon us to our work. Confiding, on good grounds, in the claims we have put forth, believing the evidence found in a long experience of our practical results, the people of Michigan, with that earnest and intelligent independence of conventional fetters which is so marked a trait of their character, thus say to us—forward!

But not without the voice of dissent. Even at this day, we sometimes hear the old objections. One says we confound different diseases, and our cures are thus fallacious. Well, our reports of death are not thus fallacious, and our death-rate is happily small.

Again, we hear that "not all recoveries are *cures*." Very well, but we have a lucky quantity and proportion of such recoveries.

Yet again, says another, "homœopathy may do when there is not much the matter, but in violent diseases it is too weak." Disease prefers to attack the weak, as everybody knows; it is worst in the weak, as all experts also know. The robust make more ado in throwing it off, get higher fevers, sharper pains, and make more fuss generally; but they soon recover, under rough or mild treatment, or no treatment at all. But let the same disease attack one habitually sick through and through, a feeble man, woman or child; the case may seem far more inactive, the symptoms less marked; perhaps, on the whole, there seems to be less violence; yet the patient is directly dead. Why? The vital power could not endure, as in the other case, the combined forces of disease and doctor; it was in itself violent—nay, grave, at the very onset, for low vitality forbade the violent reaction, so conspicuous in the first patient.

Here the violence of the disease, with non-violence of the vital resistance, renders the case grave, as we have seen. What propriety there is in the treatment of such an already feeble organism, not by doses graded to the tax already laid by nature, not by heroic processes, but by tenderness, by mildness, by careful regulation of doses according to the feebleness of the life; proportioned not to the gravity of the disease, but to the endurance of the sick body, in which there is "so much the matter," and to that power of vital response, on which depends every *real cure.*

Those who (in the sense of possessing vital resistance) can never have much the matter—the strong, the robust, the trapper, the miner, the Indian fighter, the buffalo-catcher, who have no morbid sensibilities, whose bones of iron, sinews of steel, and muscles of brawn are above the weakness of "something the matter;" the young fellow whose neck is as that of the bullock, whose grip is like the gentle clasp of the vise, who rejoices in being "as sound as a dollar," and offers to leap over any five-barred gate, or to pull up a lamp-post; such, who have nothing the matter with them; the very violence of whose symptoms, when ailing, is but the play of their enormous vitality; such as they may come out of any ordeal, therapeutic or otherwise, with not much the matter; but never, those who at every impression are ready to succumb; to whom every malady is a serious, aye, a dangerous matter. For such, a merciful Providence has furnished means, not only of comfort, in the gentleness of this method, but as well, of positive efficacy in cure.

But we are told sometimes, by parents, that "homœopathy is good for babies; they need mild medicine; whereas older folks want something stronger." But infantile diseases are more fatal than any other—why medicate the milder maladies of grown men and women with severer means? They may and do endure it better, but even these are not thereby cured so thoroughly or so soon as by a skillful use of homœopathy. Then, is not this saying sheer nonsense?

But again, we hear that "homœopathy cures by the imagination, that is, by faith" (as if these were the same thing!) Is that the reason it cures babies, and also horses? How much faith has a kicking, squalling baby in the dose of Chamomilla lodged in the sugar

powder, which its mother is about placing within its mouth? How much faith has a cart-horse who is cured of his cough with a few doses of phosphorus? The illustration carries a sufficient refutation.

But both the objections and the answers lie in the region of empiricism. Pure science must rise superior to both. In what, then, does homœopathy find her citadel? What is her exact scientific claim, by which she would be judged?

In strictly scientific language, homœopathy claims a certain field of investigation in which she demands to stand alone, and hold undisputed sway. Her ambition being not to compete with physiology, pathology, diagnostics, or even pharmacology, but to avail herself, for her ultimate purpose, of all the work done in these adjoining fields; she yet claims as hers the science of *therapeutics*—the science which embraces and accounts for the action of all real curative agents; needing to reject none to suit her ends, but including all under the one great law, "likes are cured by likes." This field, I say, she claims as *all her own.*

This law of cure, established by Hahnemann, was the result of experimental, coupled with scholastic, research, such as no predecessor in pure therapeutics ever equalled—for he not only availed himself of experiments upon the healthy, but carefully studied the experience of past ages, neglecting nothing, old or new. According to every canon he was on the sure path of discovery; he thus met every requirement of reliable investigation—the scholastic and the scientific alike.

But other steps he must and did take. With a world of collected facts, all would still be chaos, as Bacon showed, until the reasoning faculty had reduced that world to order—until the law, connecting drug-action *per se*, and drug-action in cure, should be deduced.

True to this strict method of philosophy, he evolved his celebrated dictum; not an "exclusive dogma," woven from mere interior fancy, independent of fact, but an *inclusive principle*, illumining and animating all therapeutic truth in every age.

But another step remained to be taken, according to the inductive method. As yet, the law was not tested in purposed application; as yet, it might be considered only (in scientific phrase,) a "working hypothesis." It must be now applied by intention to the cure of the

sick. Hahnemann forthwith so applied it—many, many times, successfully; and millions of times since then, his followers have done the same. What remains? It is henceforth no longer even a tentative hypothesis—it is rigorously crystallized for all future generations in therapeutic science, as *the law* of cure.

Homœopathy, then, has not only, on the Baconian principle of induction, gathered her material and deduced her law, but applied it successfully to practice; adding the *a posteriori* argument to the *a priori*. Only the incomplete scientist can deny her demonstrations. But she has more yet to do. And physics pioneers her way. Microchemistry, the doctrines of force in universal nature, of the interference and mutual abolition of similar force-waves, the spectrum analysis; all are piling up invincible demonstrations, from the positions of pure science, of her law of similars; of the wave-motion of drug-forces, as silencing the waves of morbid forces; and of the dynamic efficiency of her molecular dose, commonly called infinitesimal.

Let us consider these revelations of the few years just past, for such they are, from the homœopathic stand-point, where all these discoveries are to find their use in promoting human welfare, improving health, and prolonging life and usefulness to mankind.

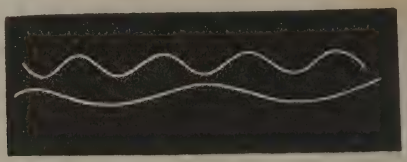
First, the present doctrine of forces. Prof. Tyndall and others have shown the beauty of universal force-action by so many brilliant experiments, accompanied by such lucid explanations, that nearly all intelligent persons have a general understanding of it.

Recall, if you please, the theory of Young, to whom we are indebted, according to Tyndall, for the doctrine that *all force* is but *undulatory vibration* of the *universal ether*, which is believed to pervade all space—recollect that slowness and rapidity of this undulatory vibration furnish the reason of *all* the *forms* of force, which *we call* heat, light, color, chemical action, etc., all residing in a single ray of sunlight; remember that rapid vibration of this universal ether measures small—yes, infinitely small waves—and that slow vibration measures larger, although still minute undulations. Comparing these with musical sounds, the color-waves write themselves upon the staff; whilst the more rapid chemical waves move above, are of higher pitch, the slower heat-waves low. Note, then, that the most efficient chemical waves are the most infinitely small, so small that

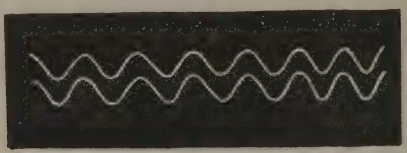
they are incapable of affecting vision at all, and that the coarser waves have but little chemical potency; that a single infinitesimal chemical wave, with its exact and specific power, can do more to print a photograph, or to explode a mixture of gases, than all the rest of the sun's rays—and thus we shall see that infinitesimal doses of an exact specific medicine are scientifically justified.

Again, similar waves have a double power—to increase and to neutralize each other, according to certain conditions. Throw two similar stones with similar force, into a lake, a little distance apart. See where the similar waves meet and interfere; mutually their motion annuls motion, and the water is at rest. We may illustrate this, partly by diagram, as seen upon the blackboard; where the waves of force, both similar and dissimilar, and their mutual influence are depicted.

Observe, first, that those waves which bear no regular similarity in size, meet, if at all, at distant and irregular intervals, only to separate immediately, without notable interference, illustrating non-homœopathic forces.

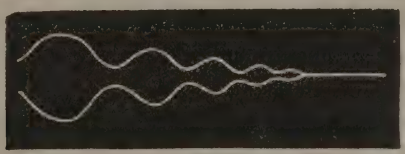


Second, That waves of similar size and exactly parallel lines either coincide and exaggerate each other, or fail of contact altogether, illustrating identical forces.



In this way, *Nux Vomica* and *Ignatia*, being chemically identical, almost, are not mutual antidotes; acting, in equal doses, by consent, to exaggeration of effect; indifferent in effect, when doses widely differ.

Third, That similar waves, not parallel, meeting in their progress from distinct sources, interfere, and neutralize each other, as indicated by the straight line proceeding from the junction of the curves.



Illustrations of these facts may be found in the recent works on the physical forces, to any desired extent.

All students know, or should know, that two similar lights may cause darkness, two similar sounds silence, etc., etc. But we can still farther show the same thing, by experiment.

A glass dish, with a plane rim, being prepared with ordinary drawing paper, stretched and pasted over its mouth, the paper is lightly covered with black writing sand. Holding it up, we strike the bottom regularly and forcibly with a metallic object, a few times. Immediately, the sand arranges itself in regular lines, which mark an arrested vibration; the white spaces between these are lines of vibration—of agitation—and of course, the lines of the settling of the sand must be, and are lines of rest.

Now, then, a surface thus agitated shows lines of vibration, with intervening lines of rest. What is the reason of this? Wait a moment; strike a tuning fork; now hold it vertically near the ear; rotate it in its long axis, slowly; at the angles, where the surfaces meet, there is comparative silence, and why? It is because the waves of vibration on the surfaces, being exactly similar in size and rapidity of motion, meeting at each angle interfere, and exactly neutralize each other—moving as they do from distinct centres. And being neutralized, silence is produced; by two similar vibrations of sound, as you perceive. And certain lines upon the tense paper surface did not agitate the sand which lay upon it, for the same reason. The vibrations advance from every direction towards the centre of the paper, meet at regular intervals, and there neutralize each other: arrest of vibration there determines the lines of rest (*i. e.*, by mutual interference of similar waves,) "lines of silence," and here the sand is seen to settle.

To change the illustration, if a bass piano key be struck sharply, and held firmly down, the similar waves of sound move to the extremities of the string, and recoil; silencing each other, again and again, in like manner. A violincello and bow may exhibit the same thing. Two strings, simply vibrated in unison, present the same phenomenon.

Again, two transparent crystals of tourmaline, so arranged as to secure interference of the similar light-waves transmitted by each—*i. e.*, crossing each other—arrest the undulations mutually, become opaque, and even appear quite black.

These facts are a scientific illustration of homœopathy. Morbid forces vibrate in a certain organ, tissue, or cell of the body; an atomized drug whose forces are similar, and whose similarity has been already proved on healthy persons, begets a series of similar waves in the part diseased. Of independent origin, they continually interfere with the waves of disease-force in the cells of the tissue, in the nerves of the organ, and in the whole sympathizing body. Where disease was active, now come the lines of rest—there is comfort, where a little while ago was excruciating pain; there is quiet sleep, in lieu of wakefulness and tossing; there is a sane brain, instead of delirium; a soft pulse, in place of the fevered circulation; the diseased action has been cured, neutralized by the similar, the

homœopathic action of the specific counterpart of that diseased action, embodied in the drug; and we have furnished a new demonstration of the well-proved law of cure—"likes are cured by likes."

The solar spectrum affords another illustration of the power of similars to exactly overcome each other. By it, we know, for instance, that the sun's atmosphere contains the metal Sodium; and how? Look through a proper instrument, the spectroscope, and observe the yellow band. A dark line, which is a line of rest in the color-waves, traverses the yellow; this is caused by the yellow Sodium vapor of the sun's atmosphere; the white light vibrating from the sun's burning disk contains the yellow ray; this yellow ray must undulate through the sun's atmosphere, containing the yellow vapor of Sodium; the two similars in color, the yellow of the sun's ray, and the yellow of the sun's vapor, through which it must pass, neutralize each other; causing darkness. And so of many other metals, etc., each having its own color. Hence, we know the existence of these in the matter of the sun. Hence, indeed, the very phrase, "spectrum analysis," for thus, by the homœopathic principle, we analyze even the constitution of the sun itself! By it, Thallium, a new metal, was first detected—by it Lithium was first found in blood and milk in the $\frac{1}{70000000}$th part. And as to small doses, an alcohol flame containing sodium, is sufficient to darken the yellow band from an intense electric light. Not only so, but a condition of successful demonstration is found in the *inferior* intensity of the interfering flame.*

So absolute is the demonstration of the homœopathic principle in all departments of dynamics—so well understood is it by all scientists, that to deny it alone in medicine—to decry, ignore, or neglect a system of cure, a science of therapeutics based upon it; or, worse than this, to persecute or denounce such a system, seems like an incredible exploit. That it must sometime triumph is just as evident as the march of the physical sciences, to which it thus appeals for illustration and demonstration. Even the doses of homœopathy are detectable more and more by the delicate instruments which micro-chemistry furnishes to supplement and assist our dull senses.

Homœopathic students, it is your duty to master this subject of force, as applied to life. It is your province thus to propagate homœopathy as a science, no less than by your practice of it, as an art; thus compelling respect. By your thorough familiarity with homœopathy, as both a science and an art, by your ready demonstrations of its foundation truths, viz.: the law of wave-interference by similarity; the infinitesimal attenuation of the most potent force-waves; the potency of molecular, as compared with mass-forces, in universal nature; by these, and not least, by your practical acquaintance with the curative forces embodied in your remedies, you will be able to overcome all doubt and opposition, and secure for your cause, not only a hearing, but also unfeigned respect, and general recognition.

* *Vide* Pynchon's Chemical Physics, pages 272, 273.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

A MANUAL OF BANDAGING.*

CARPO-DIGITO-DORSAL TRIANGLE.

Description.—Same as Carpo-Digito-Palmar Triangle.

Application.—The reverse of that seen in figure 46, in that you place the base of the triangle at the back of the wrist, confining as in the preceding case. Afterwards fold the apex up over the palm of the hand, thus flexing the fingers upon the forearm, and confine at the wrist.

Uses.—For maintaining dressings upon the hand, and for maintaining the fingers in a state of flexion when vicious cicatrization is to be feared upon the back of the hand; also, in cases of transverse wounds of the palm of the hand. It is then designed to take the place of the Double Anterior T of the Hand and Wrist.

SPIRAL OF ALL THE FINGERS.

(Gauntlet.)

Description.—This should be a bandage ten yards in length by three-quarters of an inch in width.

Application.—Suppose it be the right hand to which it is to be applied. After letting drop four or five inches (enough to tie with) of the initial end, place the bandage upon the back of the wrist, 1, and confine by the circular turns, 2 and 3; afterwards coming obliquely down across the back of the hand, from the radial side, to the little finger, finishing course 4. Continue the bandage outwards to the tip of this finger, making a circular turn, 5, and the spiral turns 6, 7, 8, 9, 10, 11, 12, 13 and 14 about the same member; then conduct the bandage upwards and outwards from the fourth finger-cleft to the palmar

FIG. 47.

Spiral of all the Fingers.

* Continued from page 607, December No.

surface of the wrist, thus finishing course 15. Course 16 is essentially that of course 4, with this difference: it goes to the ring finger; this finger is spirally bandaged, and the recurrent course, 27, of the bandage is similar to that of course 15. Each of the remaining fingers are similarly wound, and at last both ends of the bandage are tied at the back of the wrist, or forearm, 62.

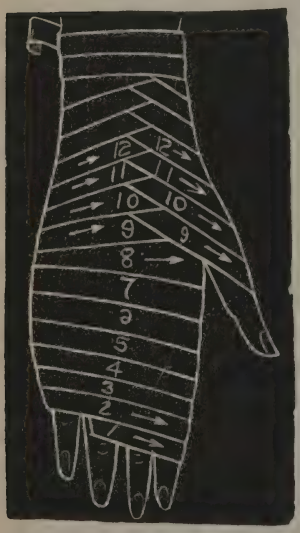
Uses.—In cases of fracture, or dislocation of the phalanges; and burns, or other wounds of the fingers and hand, where vicious cicatricial contraction is to be feared, or after an operation for web-finger.

SPIRAL OF THE FINGERS AND THE HAND.

Description.—This bandage should be three yards, or more, in length, and one and one-quarter inches in width.

Application.—Place the initial end of the bandage, 1, at or near the extremities of the fingers, and confine by the spiral turn 2; make six other spiro-circular turns about the fingers, and on the 9th, 10th, 11th, 12th, etc., courses make the reverse to each turn, so as to accommodate the obliquity of the thumb, and thus prevent the bandage slipping off. At last exhaust by simple circular turns about the wrist, or lower part of the forearm, and confine with the pin as usual.

FIG. 48.



Spiral of the Fingers and the Hand.

Uses.—In cases of fracture, or dislocation, of the phalanges; and also for confining dressings to any part of the hand and wrist. If the fingers should each, separately, demand compression, then the Spiral of All the Fingers (The Gauntlet) should be employed.

THE SHEATH OF THE FINGERS.

Description.—Instead of the more elaborate ones recommended by some authors, you can use the fingers from a large glove; or, if the whole hand is to be enveloped, a mitten.

Uses.—In the simpler injuries about the hand where the more complex bandages are hardly called for.

FIGURE OF 8 EXTENSOR OF THE HAND UPON THE FOREARM.

Description.—This bandage should be six yards in length by one and a half inches in width, and rolled into two equal heads.

Application.—Place the plane of the roller upon the back of the hand, 1, conduct both heads to the palm, cross them, one above the other, and remount to the back, crossing them there, 2 2, and conduct them to the palm again. Re-crossing them, carry the heads upwards across the arm, 3, 3, to a point above the olecranon process, the hand being sufficiently extended; make a circle of the arm at this point, 4, 4, crossing the heads before and behind, and at last descend upon the arm again, 5, 5, to make another circuit about the hand, thence to remount to the elbow again. Finally exhaust both heads by circular turns above the elbow, confining as usual.

FIG. 49.

Figure of 8 Extensor of the Hand upon the Forearm.

Uses.—In cases of burns of the palmar surface of the hand, wrist or forearm, where vicious cicatricial contraction is to be feared, and in all other cases, where extension of the hand upon the forearm is desired, as in transverse wounds of the back of the wrist.

FIGURE OF 8 FLEXOR OF THE HAND UPON THE FOREARM.

Description.—This bandage should be six yards in length by one and a half inches in width, and rolled into two equal heads.

Application.—Similar to the preceding; the plane of the bandage being placed at the palm of the hand, the member being flexed upon the forearm. Courses 1 and 2 are to be made as in the Extensor of the Figure of 8 of the Hand upon the Forearm, and the heads carried above the elbow and the remaining courses made in a similar manner to those of the preceding bandage.

Uses.—In maintaining forward flexion of the hand upon the forearm, as in case of burns of the back of the hand, wrist and forearm, where vicious cicatricial contraction is to be feared. Also in cases of transverse wounds of the forepart of the wrist, where a tendency to gaping occurs.

CARPO-OLECRANON CRAVAT.

Description.—I. Two cravats, each eighteen inches in length. II. A third cravat, thirty-six inches in length.

FIG. 50.

Carpo-Olecranon Cravat.

Application.—Tie one of the short cravats about the hand, as at A; and then tie the other about the arm, above the olecranon process, as at B. Extend, now, the hand upon the forearm, and confine it by tying the long cravat, C, between, and to, them.

Uses.—Same as the Figure of 8 Extensor. As these cravats are easier applied, and full as safe as the roller bandage, they are to be recommended to it.

Variety.—If need be, a *Flexor* variety of this cravat may be employed. In this case, the hand is flexed upon the anterior surface of the forearm, by running the long cravat, C, down the *anterior* surface of the member. This

bandage would then take the place of the Figure of 8 Flexor of the Hand upon the Forearm, just described.

SIMPLE SPIRAL OF THE FOREARM.

Description.—This bandage should be two yards in length by one and a half inches in width.

Application.—Place the initial end at the wrist and confine by a circular turn above it; exhaust the bandage by encircling the arm with spiraliform turns, as you see in the upper courses of the bandage depicted upon page 62.

Uses.—To retain dressings upon the forearm.

REVERSED SPIRAL OF THE SUPERIOR EXTREMITY.

(Roller of the Superior Extremity.)

Description.—This should be twelve yards in length by one and a half inches in width.

Application.—See figure 10, page 22. This bandage is to be applied as here represented, the courses being continued upwards to the axilla; here confining in the usual way.

Uses.—Most generally employed in cases of fractures, etc., to restrain muscular action, swelling, and to favor the return of venous blood to the vena cava superior. When employed, the surgeon should guard himself that he does not allow unequal pressure at any of the courses of the bandage. Should he have one part of the member more tightly constricted than another, he will only increase the mischief already done by the accident by favoring the development of gangrene, from venous stagnation, at the more constricted portions. When evenly and smoothly applied, this bandage is of great service to the surgeon; when inaptly applied, a source of great danger to his patient, and chagrin to himself. (See note at foot of page 67).

ANTERIOR FIGURE OF 8 OF THE ELBOW.

Description.—This bandage should be two and a half yards in length by one and a half inches in width.

Application.—Suppose it to be the right arm to be bandaged.

FIG. 51.

Anterior Figure of 8 of the Elbow.

Place the initial end of the bandage, 1, above the bend of the elbow, and confine by a single circular turn, 2. Continue on in the same direction till you get to the outside of the arm, when you descend diagonally across the front of the joint, to a point four or five inches below it, thus finishing turn 3. Turn 4 is a circular course about the upper portion of the forearm; turn 5, a spiral turn upwards to the inside of the arm above the bend of the elbow; whilst turn 6 is in course of turn 3; turn 7, of course 5, and so on; at last exhaust by circular turns about the arm, and confine as usual.

A variation can be made, and to good advantage sometimes, by making course 6 to be a circular turn about the arm, as course 2; course 7 then being the same as course 6 in the figure, whilst course 8 is a circle of the forearm, as course 4 in the wood-cut; course 9 would then take the place of course 7 in the cut.

Uses.—Generally to fix a compress over the median-cephalic vein after venesection. Can be employed in cases of wounds in that region, or for maintaining dressings thereto.

Variety.—By making similar courses of the bandage upon the posterior surface of the arm and forearm, you get the *Posterior Figure of 8 of the Elbow.*

The *Uses* of this variety are essentially to confine dressings about the back of the joint.

A *Triangle of the Elbow* and also a *Four-tailed Bandage* (Anterior and Posterior) have been devised to take the place of the roller varieties. But these are so readily applied that no further description is necessary.

CERVICO-ULNAR CRAVAT AND TRIANGLE.

Description.—I. There should be a cravat two feet in length.

II. A triangle having a base of two feet, and a height of twelve inches.

Application.—Tie the cravat A, about the neck. Flex the forearm, at right angles, upon the arm; then place the base of the triangle at the ulnar border of the hand, the apex, B, being at the elbow, and tie the two extremities of the triangle into the cravat of the neck, as at C.

FIG. 52.

Cervico-Ulnar Cravat and Triangle.

Uses.—In cases of burns of the back part of the elbow or transverse wounds of the front of the joint; also, as a "sling", in cases of injuries of the forearm, or hand, where elevation, or "rest", of the part may seem demanded. It may, or may not, be applied over the clothing.

SPIRAL OF THE ARM.

Description.—This bandage should be one and one-half yards in length by one and a half inches in width.

Application.—Essentially the same as that of the Spiral of the Forearm, described upon page 65, except that you begin at the elbow.

Uses.—To confine dressings to the arm-regions, or for the support of the edges of longitudinal wounds, thus securing coäptation. It may or may not be applied with "reverses"; yet, should the biceps be well developed, it would be best to employ them, otherwise the bandage would be in great danger of slipping down.*

NOTE.—See, for all of these *Spiral* bandages, the description of the *Figure of* 8 *Spiral of the Extremities* described upon a following page.

FOUR-TAILED BANDAGE OF THE SHOULDER.

Description.—This should be a piece of cloth some forty-eight inches in length and five or six inches in width. Fold, lengthwise, at the centre, and then cut, or tear, back the extremities to within four or five inches of this point, thus shaping it something like the "sling compress," figure 4, page 17.

Application.—Place the plane of the bandage over the diseased shoulder, and carry the two superior ends of the bandage obliquely down across the chest (one upon its anterior, and the other upon its posterior surface) and tie them below the opposite axilla. Then carry the two inferior extremities of the bandage up around the neck (one in front and the other behind), and confine them by tying.

Uses.—To confine dressings about the shoulders. It furnishes a very handy, though not very firm variety of dressing.

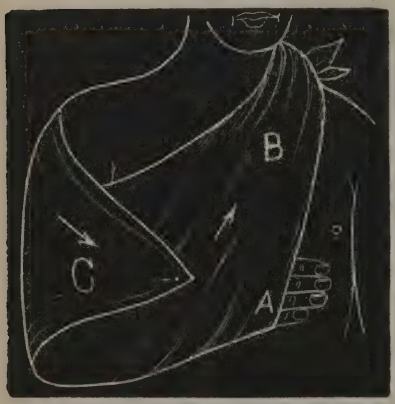
LARGE OBLIQUE TRIANGLE OF THE ARM AND CHEST.

(Large Triangular "Sling" of the Arm.)

Description.—A piece of linen or flannel folded to the form of a triangle, so that it shall have a base of some sixty inches, and a height of twenty-four.

Application.—Having flexed the forearm to a right angle with the arm, fold it to the breast; place the base of the triangle, A, at the hand, and carry one end backwards under the axilla of the diseased member to bring forwards, across the back, to the opposite shoulder, there to tie with its fellow, B, that ascends directly upwards across the front part of the chest to the same side. The apex of the triangle, C, is then to be brought forward and pinned, as you see in the wood-cut.

FIG. 53.



Large Oblique Triangle of the Arm and the Chest.

Uses.—To support the arm and forearm in cases of injury. The cut represents the bandage as being applied over the naked body; it is applied with equal frequency over the clothing.

TRIANGULAR FRONT OF THE FOREARM.

(The Ordinary Arm-Sling.)

Description.—This should be a triangle having a base of forty-eight inches, and a height of twenty inches. The laity usually make it from a large shawl folded to a wide cravat.

Application.—Having flexed the forearm upon the arm, fold it to the chest, and place the middle of the base of the triangle at the hand, A, and conduct the extremities up and around the neck, and confine them by tying. The apex of the triangle can now be folded under the arm to a sufficient extent to have the bandage fit easily, and yet furnish efficient support.

FIG. 54.

Triangular Front of the Forearm.

Uses.—This, in some measure, takes the place of the preceding, yet does not fully supplant it. Is used more as a support of the hand, or lower part of the forearm. This bandage may, or may not, be applied to the naked body.

SMALL FRONT OF THE HAND OR FOREARM.

(Small Sling of the Hand or Forearm.)

Description.—A rectangular piece of cloth, eighteen inches long, by nine inches wide.

FIG. 55.

Small Front of the Hand or Forearm.

Application.—Flex the forearm at right angles to the arm, and fold to the chest. Place the middle of the bandage beneath the hand and forearm, carrying both ends upwards and pinning them to the clothing on the breast.

Uses.—As a support of the hand or forearm in cases of minor injuries.

POSTERIOR DOUBLE FIGURE OF 8 OF THE ELBOW AND THE OPPOSITE AXILLA.

Description.—This bandage should be a cravat two yards in length by eight or ten inches in width. It can be made out of a small shawl, if necessary.

Application.—Standing in front of your patient, and holding the bandage with its centre across the palm of the hand, place the centre of the cravat over the elbow, A, of the injured member, both ends hanging down towards the floor. Seize the innermost extremity and carry it, *a*, across the inside of the arm, under the diseased axilla, up in front of the same axilla and over the same shoulder, and then obliquely down across the back, B, to the opposite axilla, where you surround the shoulder with the same extremity of the cravat, at last entrusting it to the care of an assistant. Carry the other extremity of the cravat forwards across the bend of the elbow, and over the other end of the bandage, then backwards, under the diseased axilla, as C, and then finally upwards to the opposite shoulder, there confining by tying, after the arm has been sufficiently

FIG. 56.

Posterior Double Figure of 8 of the Elbow and the Opposite Axilla.

extended backwards. You will then need a "sling," for the horizontal support of the forearm and hand, which can be pinned to the cravat as it crosses the shoulder, or about the neck.

Uses.—This bandage was designed by Dr. E. M. Moore to take the place of the numerous dressings for fractured clavicle. It dispenses with the "axillary pad," and the more complicated system of Fox and Desault, and seems, from certain anatomical reasons, to be superior to theirs for maintaining a coäptation of the clavicular extremities. It certainly has the argument of simplicity in its favor.

BANDAGES OF THE BODY.

SPIRAL OF THE CHEST.

Description.—This bandage should be nine yards in length by two inches in width.

Application.—Dropping about one yard of the bandage obliquely down across the chest from the top of one of the shoulders, the left, for instance, carry the head of the bandage down the back to a level with the arm-pits. Make now the spiral turns 2, 3, 4, 5, 6, 7, 8, and 9 about the chest, and at last confine by pinning, as at 10. Carry, now, the free end of the bandage, 11, which you let fall at the beginning of the application, obliquely up over the chest to the opposite shoulder from whence dropped, and confine, by pinning, to the posterior spiral turns.

FIG. 57.

Spiral of the Chest.

Uses.—This bandage is employed where compression about the chest is needed, as in cases of fractures of the ribs, sternum or vertebræ, or separation of the rib-cartilages. Also in wounds of the abdomen with presentation of the viscera. It is also of use in emphysema, or after thoracico-paracentesis, thus compressing the walls of the chest, if they be much expanded.

Variety.—If the roller-head should be carried down to the superior margins of the inferior rips, and then the circular spirals made, we would have the *Spiral of the Abdomen.* Full a yard more of bandage is, in this case, required. It can also be extended down upon the abdomen, from the "Spiral of the Chest," by having the bandage as long again as needed for the performance of the chest spiral. The *uses* of these varieties are similar to those of the above. They are especially applicable where abdominal compression is desired, as after paracentesis abdominis, eviscerating wounds, dropsies, ovarian tumors, etc.

CIRCULAR-QUADRILATERAL OF THE CHEST, AND DORSAL CERVICO-STERNAL TRIANGLE.

Description.—I. There should be a quadrilateral wide enough to cover in the thoracic region, and long enough to encircle, one or more times, the body, and may or may not be of several thicknesses.

II. A triangle having a base one yard in length, and a height of eighteen inches.

Application.—Encircle the body with the quadrilateral portion of the bandage, as A, and confine by pins or stitches. This done, place the centre of the base of the triangle at the nape of the neck, carry the two ends, B, B, forwards and downwards across the front of the chest, and confine them with pins to the quadrilateral, or thoracico-encircling portion. Then carry the apex of the triangle down the back, and pin it to the quadrilateral portion of the bandage at the back, so as to prevent it slipping down.

FIG. 58.

Circular-Quadrilateral of the Chest, and Dorsal Cervico-Sternal Triangle.

Uses.—For confining dressings to any portion of the thoracic regions; also for supporting the walls of the chest, in case of injury or disease, where the respiratory movements are to be confined.

Variety.—By widening the quadrilateral portion of the bandage, A, or by dropping it farther down the body, so as to encircle the abdomen, we get the *Circular-Quadrilateral of the Abdomen, and the Dorsal Cervico-Sternal Triangle;* or, if the bandage be wide enough to cover both the thoracic and abdominal regions, the *Circular-Quadrilateral of the Abdomen and Thorax, and the Dorsal Cervico-Sternal Triangle.* In either of the cases two strips should be passed from the anterior surface of the quadrilateral to its posterior surface, across the perinæum, thus preventing the bandage from slipping upwards.

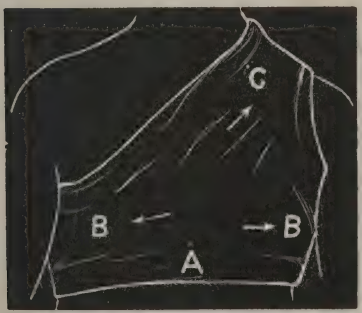
The *uses* of these bandages are to furnish support to the abdomen, as well as the thorax, after ovariotomy, paracentesis abdominis, or other injuries of the abdominal wall.

ANTERIOR THORACICO-SCAPULAR TRIANGLE.

Description.—This bandage should be made of a triangle having a base of one and one-quarter yards in length, and a height of eighteen or twenty inches.

Application.—Place the base of the triangle, A, at the inferior and middle portion of the chest. Carry the two ends, B, B, horizontally about the body, and tie at the back. Then carry the apex of the triangle, C, up across the chest, over the shoulder diseased, and then down to the ends tied at the back, where it is to be confined.

FIG. 59.



Anterior Thoracico-Scapular Triangle.

Uses.—To retain dressings upon either of the lateral-anterior surfaces, or the anterior surface, of the chest.

Variety.—By placing the base of the triangle at the back, and then similarly applying, you get the *Posterior Thoracico-Scapular Triangle*, which is useful in confining dressings to either the posterior or lateral surfaces of the thorax.

FIGURE OF 8 OF THE NECK AND AXILLA.

(Spica of the Shoulder.)

Description.—This bandage should be made from a roller, six yards in length by two inches in width.

Application.—Place the initial end of the bandage at the side of the neck, 1; confine by a single horizontal circular turn, 2. Continue the course of the bandage about the neck, at last crossing down to the axilla from over the back of the shoulder, thus finishing course 3. Course 4 is made by carrying the roller-head up over the anterior surface of the shoulder, from under the axilla, to the back of the neck. Course 5 is made the same as course 3; course 6 as course 4; course 7 as course 5; course 8 as course 6, and so on. At last exhaust the bandage by a single horizontal turn about the neck, and confine as usual.

FIG. 60.

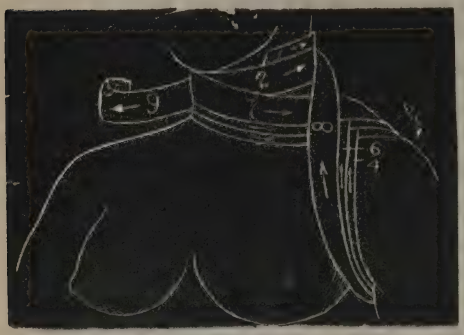


Figure of 8 of the Neck and Axilla.

Uses.—To confine dressings to the clavicular, sub-clavicular, and axillary regions; also, upon the shoulder.

CRAVAT OF THE NECK AND AXILLA.

Description.—A cravat one yard in length.

Application.—Standing at the side of your patient, place the centre of the cravat beneath the diseased axilla. Carry, now, the posterior extremity up over the scapular region, across the top of the shoulder, and around over the front of the neck to the opposite side, thus imitating course 7 of the preceding bandage, only making it in the opposite direction; viz., *upwards*. Then carry the anterior extremity up over the front of the diseased axilla and shoulder to the back of the neck (imitating course 8 of the preceding bandage) to tie with its fellow there.

Uses.—Similar to those for which The Figure of 8 of the Neck and Axilla is employed.

FIGURE OF 8 OF THE SHOULDER AND OPPOSITE AXILLA.

(Descending Spica of the Shoulder.)

Description.—This should be made from a roller, eight yards in length by two inches in width.

Application.—Place the initial end of the bandage upon the right arm (supposing it to be the right shoulder that you wish to cover) and confine it by two horizontal circular turns, 2 and 3, about the arm. Turn 4 make by mounting up to the right side of the neck (from the back) and passing diagonally downwards across the chest to the *left* axilla. Passing under this axilla remount to the right side of the neck (across the back), and then descend to the *right* axilla, thus finishing course 5. Course 6 is similar to that of course 4; course 7 to that of course 5, and so on until the bandage is exhausted, at last confine by pinning.

FIG. 61.

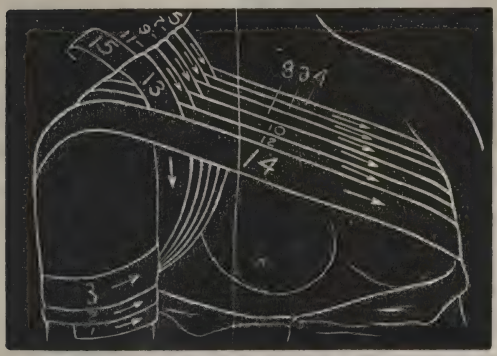


Figure of 8 of the Shoulder and Opposite Axilla.

Uses.—Is used to maintain dressings upon the shoulder, or acromio-clavicular region, arm-pit, or axilla.

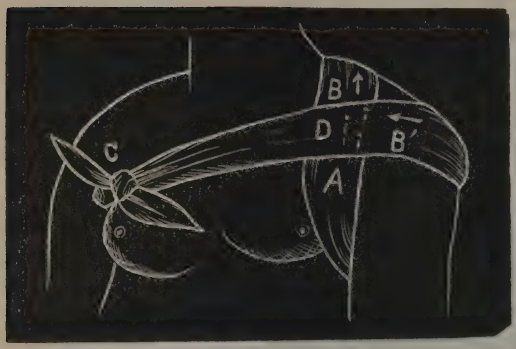
Variety.—The *Ascending Spica of the Shoulder* is applied in a very similar manner, the only difference being that course 4 takes the place of course 14, and course 5 the place of course 13, etc., as shown in the cut; in other words, you ascend gradually upwards to the neck. The descending variety is preferable, as it gives greater solidity.

SIMPLE BI-AXILLARY CRAVAT.

Description.—This should be a cravat (a triangle folded to this form) one yard in length.

Application.—Place the middle of the cravat in front of the

FIG. 62.



Simple Bi-Axillary Cravat.

axilla of the diseased side, as A; carry both extremities upwards over the same shoulder as B, B′, there crossing them. Then conduct the extremity that passes over the front of the axilla, B, backwards over the shoulder and back, to the opposite axilla, and tie to the other extremity, B′, that has been passed somewhat obliquely across the breast, as at C. Afterwards pin one to the other at the crossing-point, D.

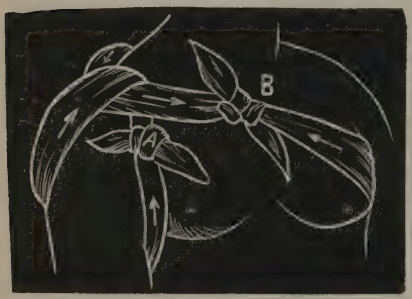
Uses.—To confine dressings about the axillary region and shoulder.

COMPOUND BI-AXILLARY CRAVAT.

Description.—This bandage is made from two cravats, each being one yard in length, and made similarly to the Simple Bi-Axillary.

Application.—Placing one of the cravats, the centre, beneath one axilla, the right, for instance, conduct the two ends upwards and tie at the shoulder, as A. Place, now, the other cravat, beneath the opposite axilla, carry one extremity forward, obliquely upwards across the chest, and the other obliquely upwards across the back, to the opposite shoulder, passing one end through the noose made by the cravat, A, first applied, and confine by tying, as at B.

FIG. 63.



Compound Bi-Axillary Cravat.

Uses.—Similar to the above. It also affords means for confining dressings to both axillary regions simultaneously, should both be diseased or injured. It makes quite an excellent support for an "axillary pad."

ACONITE IN PROSTATITIS WITH HYPERTROPHY.

BY T. NICHOL, M.D., LL.B., B.C.L., MONTREAL, CAN.

On April 23, 1873, L. H. C., at thirty-five, a married man, with florid complexion, blue eyes and auburn hair, consulted me, and the history of his case is as follows: Eight months previous he felt a sensation of fullness in the rectum and perineum, together with a certain amount of uneasiness in the neck of the bladder. The pain was much increased on urinating, especially towards the close of the act, and there was a disposition to pass water more frequently than usual. After remaining in this state for a number of weeks, the pain increased and became almost continuous, and the anus and perineum became so tender that the sitting posture was accompanied by great pain, while walking was almost impossible. A good deal of distress was felt during the act of defecation, but severe as was that pain, the patient described it as being mild when compared with the terrible anguish which accompanied micturition. The urine was red and scalding, and, as the stream was small and its passage of course prolonged, it was accompanied by what might be termed a true vesical tenesmus. Several times a more or less complete retention of urine took place, and the retentions were almost invariably preceded and accompanied by severe hæmorrhoidal attacks. Indeed, a desire to go to stool was almost invariably present, caused no doubt by the pressure of the enlarged prostate gland; and sharp, cutting pains were frequent in the back and loins, running along the virile organ to the glans penis and down the thighs to the knees,

Considerable fever was present in the earlier stages, and even when I was consulted there were occasional febrile flushes intermingled with chilliness. The patient—never much inclined to continence—had been, since the commencement of the disease, subject to attacks of venereal excitement almost amounting to priapism, and the gratification of the appetite aggravated the entire morbid state. Lastly, the patient, who gave a most intelligent account of his sufferings, stated that he had the sensation as if a large ball occupied the region of the perineum, especially towards the neck of the bladder. When I saw him, the morbid state was little changed, and it might

be said that with little or no mitigation of the severity of the sufferings, the disease had become chronic and intractable.

Naturally, I asked the patient what treatment had been adopted, and he told me that he had consulted the best French surgeons of Montreal, many of whom I knew had been thoroughly trained in Paris, London and Edinburgh, and he had also been attended by some of the chief English-speaking surgeons who had enjoyed equally good opportunities. The treatment was *secundum artem*—purgatives, leeches, blisters and alteratives—but though there was a good deal of the *Contraria Contrariis*, there was very little of the *Curantur*. To me, accustomed to feel and see, and hear and smell everything connected with the case under consideration, the most marvellous thing was that though the urethra had been examined by means of the catheter, no examination *per rectum* had been instituted by these accomplished allopathic surgeons, though that is just about the first thing that a surgeon of our school would think of doing. After listening to a highly intelligent account, I introduced the catheter, and the most exquisite pain was caused when it reached the prostatic portion of the urethra. I then introduced the forefinger into the rectum and found that the anterior wall of the intestine was hot, hard, swollen and very permanent, and, at the expense of causing a good deal of suffering to the patient, I made out that the prostate was of the size of a large apple, and that the most agonizing pain was caused by even the lightest pressure of the finger on any part of the hypertrophied gland.

The diagnosis was plain—it was prostatitis with hypertrophy. I directed the patient to keep as quiet as possible—an injunction which was almost superfluous, as he could hardly walk, and in his despair he had sold out a lucrative business—and on no account to ride in a cab. All alcoholic liquors were summarily forbidden, and the diet made as simple and natural as possible. All sexual intercourse was forbidden, as a matter of course, though my confreres of the contraria had never troubled their heads about such a trifle, and the patient duly locked himself up in a separate bedroom every night. Lastly, I gave one grain of Aconite, third decimal trituration dry on the tongue, every two hours.

In one week the prostate gland was notably smaller and less

tender, and the entire morbid state was improved, and the patient continued to advance till in four months he was restored to perfect health, the prostate gland being of normal size and texture, and every function being strictly normal. Aconite, and no other remedy whatever, was given during the entire treatment. *Similia Similibus Curantur.*

ON ETIOLOGY.

BY J. G. GILCHRIST, M. D.

In an article by Dr. A. G. Beebe, in the *U. S. Medical Investigator* of Sept. 1st, 1875, on "Spinal Deviations," we notice one or two suggestive paragraphs upon which quite a sermon could be preached. We are told that the cause of caries of the vertebræ is frequently found to be an injury sustained by the bone, often the chipping off of a small fragment. Truly, it is a surprising statement for any *homœopathic* surgeon to make. Let us ask what the effect would be if a bone was "chipped" in a healthy body; does nature —for nature only heals injuries in a *healthy* body—produce caries, or throw out callus? There can be but one answer: a healthy body will furnish material to repair the injury, not destroy the part.

Other gentlemen, prominently my good friend, Prof. Helmuth, frequently deny the possibility of curing hydrocele, for instance, by using remedies alone, and rely entirely upon operative treatment. When a portion of the tunica vaginalis is excised, or inflammation set up in the sac, by which it is obliterated, what becomes of the disease that was acting on the part before the operation? Why not skin a small-pox patient, and say he was cured? Or sew up the mouth in emesis? Or, better still, cut off the head in cephalalgia? We know that the removal of sebaceous tumors of the scalp is often succeeded by morbus Brightii; that division or ligature, in cases of anal or rectal fistulæ, is frequently followed by phthisis. It is also known that the removal of peripheral symptoms, such as tumors and the like, is frequently followed by secondary disease-action elsewhere. Knowing this of so many so-called surgical diseases, are we not justified in anticipating metastatic lesions in *all* such cases? It is undoubtedly true that we cannot at all times demonstrate this, for we know many of our patients upon whom we have operated for

these apparently trifling ailments pass out of our sight. Unquestionably we are none of us too observant, and, we apprehend many such a patient could tell us a story not flattering to our vanity, could we get at it. The secondary affection may be unobtrusive, but can often be found by careful investigation.

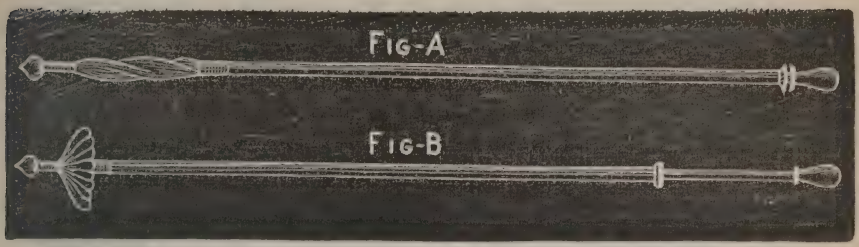
It is not unreasonable, at all events, to anticipate secondary disease when we consider what a change function must undergo to produce a pathological condition. Even an ordinary fatty tumor is produced only by important physiological disturbance, and it is a grave question to decide whether the removal of the *effect* of that disordered action likewise corrects the primary derangement. Our experience, which has not been trifling, leads us to answer no: an operation will *never cure a disease;* it may safely remove its effects, after the cause producing it has been removed, and only then.

Teachers of surgery in our schools would do well to ponder this carefully, and see if they have not made a serious mistake in their teachings on these subjects.

THE BRISTLE PROBANG FOR THE ŒSOPHAGUS.

Every practitioner knows how frequent is the occurrence of cases where foreign bodies, such as spiculi of bone from meat chops, fish bones, etc., become lodged in the œsophagus, and how difficult it often is to remove them, even with the various long and curved forceps and grasping instruments in general use. The patient generally is greatly agitated and alarmed, and the physician, when called in, in all probability has no instrument with him suitable to relieve the case, and the substance may be lodged by some sharp point against the mucous surface of the œsophagus, and will not pass down by the effort of deglutition, nor can it be reached by the finger. The medical man is placed in a "dilemma" about the matter, inasmuch as he may not have inventive genius enough to make a new instrument immediately, that will reach the case, and he may never have seen a description of this little Bristle Probang, which is an old but nevertheless a very valuable instrument for such cases. If he will bear in mind the mode of constructing this simple apparatus, as described and represented, he can in a few minutes make one upon the spot and then speedily relieve his case, and save his medical reputation, and also add to his surgical credit.

The following is the description and cut of it as found in the *Philadelphia Half-Yearly Compendium of Medical Science.*



The Bristle Probang can be made by taking an ordinary No. 10 elastic catheter, and cut off about one inch from its lower end; then run through it a flexible whalebone about three inches longer than the catheter, and tie on its end a small piece of sponge; then take the bristles of an ordinary paint-brush, and tie one end of the bristles around the sponge, completely surrounding the whalebone-rod with them. The other end of the bristles must then be tied around the cut extremity of the catheter. Figure A (one-fourth natural size) represents the instrument when complete. By a slight twisting, the bundle of bristles can be reduced in diameter to about the size of the catheter. By holding the catheter firmly with one hand, and with the other drawing upon the rod so as to bring the sponge toward the catheter, each of the bristles is bent into a loop, and the whole bundle is converted into a disc about five inches in circumference, represented by figure B, large enough to completely sweep the œsophagus, and to remove any foreign body lodged therein. The sponge having been dipped in water, the instrument is extended and is readily passed the entire length of the œsophagus without obstruction; it is then distended in the manner described, and slowly withdrawn with a slightly twirling movement, so as to sweep all parts of the tube.

ON SOUNDING FOR STONE.

The subjoined useful hints are given by Dr. Croly in the *Irish Hospital Gazette:*

"In sounding for stone there are several deceptions. If you introduce the instrument too far you may hit against the tuberosity of ischium, or the sacrum, and then you may say 'there is a stone

in the bladder,' but at the opposite side you will hear the same sound. In sounding there is one manœuvre very useful, namely, on withdrawing the instrument trying to catch the stone in the concavity.

"An affection has been described by Guthrie (called 'fluttering blows'), in which the bladder is thrown into a number of pouches, and its coats are somewhat thickened and contract on the instrument, so that a sound is heard which may be mistaken for that produced by a stone. If you have difficulty in striking the stone, you should try the patient in various positions. The stone may be up behind the pubes. In one of the children on whom I operated here, the stone slipped up behind the pubes, and I could only get it out by giving him a slap over the region of the bladder, and then the stone fell down. In such a case, by introducing the finger into the rectum, you may tilt up the stone and cause it to hit against the sound. But I believe that, in addition to sounding for the stone, it is very necessary to grasp the stone, if possible, by the lithotrite, and measure it, to give you an idea of the size of the stone. If you can move it in various directions, you may have no hesitation in saying 'here is a foreign body measuring so many lines,' and furthermore, if there is a second stone, you are able to hit it against the other. I remember when sounding a man, on one occasion, having a ring on my finger, the instrument hit against the ring and emitted a sound; I did not hear it again. At another time, in sounding a man who wore a pair of corduroy breeches with buttons, I heard a click, but discovered that striking a button with the instrument had caused it. I have made it a habit since to make a man let down his trousers altogether, and I take off my ring.

"If the surgeon is too confident he might cut a man who has no stone. The first point to ascertain is whether there is stone in the bladder or not, and if it exists, to satisfy yourself, as far as you can, as to its size."

NÆVI REMOVED WITHOUT SCAR.

Dr. R. Barwell suggests their subcutaneous, slow strangulation, by throwing a fine wire subcutaneously around the base of the tumor, the two ends of the wire coming out at the same opening. The wire is thrown around by a curved needle, which he inserts and throws

half way around the growth, bringing it out through the skin, then returning the needle through this orifice, he pushes it around the other half of the nævus and brings it out at the original entrance, and thus the wire encircles the tumor entirely under the skin. If the growth should be large, the needle may be two or three times pushed out and returned in this manner before it reaches the original orifice. Then, by a little vulcanite oval-plate, which he has invented, with two holes and two projecting pins, he makes slow strangulation for three or four days, when the loosened wire is tightened by undoing one end from the above named pin or stud and then drawn tense, and then resecured, and so repeated from time to time until the wire comes away, having cut like an ecraseur through the base of the growth without cutting the skin away. In a few days the skin will shrivel, and in most cases lose its unnatural color. Should the color not disappear, he suggests brushing the part with strong nitric acid, and then instantly washing the acid off with an alkaline solution, but great care must be observed not to leave on the nitric acid long enough to produce ulceration before the alkaline washing is performed.

SALICYLIC ACID IN SURGERY.

This agent has been for some months in experimental use. It is valuable in some cases of otorrhœa, a few applications for several successive days after drying up the discharge entirely. The purulent matter must be thoroughly washed out of the meatus first, and the dry powder of the salicylic acid blown into the ear, through some tube, such as can be made of paper, or a quill. For a local application an alcoholic solution of the acid is advantageous, a good formula being half a drachm of salicylic acid to an ounce of alcohol. It answers a much better use than carbolic acid to destroy odor arising from wounds, and has as good antiseptic properties as any other remedy in general use. We will note the following observations upon the remedy, by Prof. Thiersch. "He has made some experiments in the Leipzic Hospital as to the antiseptic action of salicylic acid, and its use in surgery. He says that when strewn (either by itself or mixed in starch) on contused wounds not yet cleansed, and on scurvy, gangrenous surfaces, etc., salicylic destroys

for a long time the putrid odor, without any inflammatory action of importance. In solution of one part of the acid, three parts of phosphate of soda, and fifty parts of water, it favors the coating over of granulating surfaces. In its application to fresh wounds, Dr. Thiersch is of opinion that salicylic acid has all the advantages of carbolic acid without its inconveniences."

SLIPPERY ELM BOUGIES.

This novel form of urethral dilator is worthy of mention, and the advantages which Dr. J. D. Moncure claims for it carry much force for their general introduction into use. He recommends the use of bougies prepared from the ordinary slippery-elm bark found in the drug stores, in the treatment of organic stricture of the urethra, considering the instrument preferable to all others for the following reasons :—

1. It can be more readily introduced than any other, because it is self-lubricating, and can be made as small as needed.

2. It is the safest, because so flexible that, when properly prepared, it is impossible to inflict any injury.

3. It is the quickest in its action, as, like the sponge-tent, though in a less degree, its absorbs the moisture, and while in the stricture dilates the opening to almost double its original size.

4. It is far less irritating, and, indeed, is sometimes soothing to the inflamed mucous membrane.

5. It can always be introduced into any stricture through which the smallest stream of urine can pass.

6. It requires no special amount of skill on the part of the operator to secure its introduction."—*Boston M. & S. Journal.*

Periosteum Flaps in Amputation.—A modification in amputation is suggested by Prof. Houze de l'Aulnoit, by not cutting the periosteum at first, but making a special dissection of the periosteum after the other tissues above are severed and thrown back. After the first incision and flaps, say of a thigh, have been made by the operator, and properly retracted by the hands of an assistant, instead of the usual direction given in all surgical works and lectures, "with another sweep of the knife divide the periosteum," he advocates the dissection upward by means of a bistoury of the periosteum, and the formation of flaps of the same, so that when the limb has been removed these flaps can be made to form the immediate covering of the bone.

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

(*Continued from page 592, Dec. 1875.*)

MENINGITIS,

INFLAMMATION OF THE BRAIN AND ITS MEMBRANES.

Meningitis is a term which strictly speaking, signifies inflammation of the *membranes* of the brain; but as it is generally used to denote inflammation of both the brain and its membranes, and as inflammation of the cerebral membranes seldom exists without involving, to a greater or less extent, the substance of the brain itself; and since there are no characteristic symptoms that can be relied upon to distinguish them from each other, we shall apply the term indiscriminately to both; or rather we shall use it in its ordinary sense, to denote that exceedingly dangerous disease known as *inflammation of the brain.* There is a form of it sometimes called *tubercular* or *granular meningitis*, depending on the presence of tuberculous deposits in the membranes of the brain, which being a separate affection we shall treat of under a different head.

SYMPTOMS. Inflammation of the brain is divided into two well defined periods, or stages, the disease being generally, but not always, preceded by certain premonitory symptoms, such as vertigo, insomnia, ringing in the ears, loss of appetite, and general uneasiness.

First Stage. The first stage begins with the usual symptoms of fever—such as chilliness, succeeded by heat, acceleration of the pulse, thirst, etc. To these are added, flushing of the face, intense headache, a wild, staring expression of the eyes, vertigo, intolerance of light and sound, suffusion of the eyes, ringing in the ears, restlessness, anxiety, wakefulness, delirium, spasmodic movements, contracted pupils, hot but sometimes moist skin, nausea and vomiting. The fever that characterizes it is of a high inflammatory type, attended by a full, hard, and bounding pulse; throbbing of the temporal arteries, rapid and irregular breathing, throbbing, stabbing,

TABLE VIII.—MENINGITIS.

REMEDY.	SENSORIUM.	MUS. SYS.	SKIN.	PULSE.	EYES.	PAINS.	REMARKS.
ACONITE.....	Delirium with great anguish.	Spasms, or tendency to Paralysis.	Dry burning heat, Erysipelas.	Full and hard.	Red and inflamed. Pupils contracted or dilated.	Burning, throbbing or lancinating.	Vomiting of bile. Especially indicated at the commencement.
ARSENICUM.....	Delirium, Giddiness or Insensibility.	Spasms—Paralysis	Burning and swollen—with or without moisture	Rapid, feeble and intermittent.	Burning, stinging, and staring Dimness of vis Pupils contracted.	Throbbing, stinging, and lacerating.	Especially suited to the last stage.
BELLADONNA.....	Violent Delirium Loss of consciousness.	Spasms—Paralysis.	Red and burning—Erysipelas	Small, quick and intermittent.	Red and sparkling, with distorted orbs. Pupils cont. or dilated.	Boring, stinging, burning, lancinating or throbbing	Emesis. Relaxation of sphincters.
BRYONIA.....	Vertigo, Delirium, or Sopor.	Cramps, Convulsive Movements.	Hot and burning, sometimes cold, pale and moist.	Quick and hard, or slow and intermittent.	Red and inflamed Sparkling or dim and glassy.	Sharp and violent, or pressive and aching.	Working of the jaws. Opisthotonos.
CAMPHOR.....	Vertigo, Loss of Consciousness.	Cramps and Convulsions.	Blue or pale. Erysipelas.	Full and quick, or small and hard.	Staring and inflamed. Pupils contracted.	Lacerating and cramp-like.	Last stage, or when caused by the repercussion of erysipelas.
CANTHARIDES....	Delirium, Vertigo, or Insensibility.	Tonic Spasms and Convulsions.	Red and burning, Vesicular Erysipelas.	Full and hard.	Fiery and sparkling, protruded & distorted. Dimness of vision.	Pressing, gnawing, throbbing, or lancinating.	Especially indicated after retrocession of vesicular erysipelas.
CINA.....	Violent Headache, Giddiness, and Delirium.	Cramps and Convulsions.	Burning Heat, especially of the face.	Generally quick and irritable; sometimes trembling.	Pupils dilated or contracted. Dimness of vision.	Cramp-like.	When caused by worms, or pseudo-meningitis.

CUPRUM.....	Delirium, Ecstasy, Vertigo.	Tonic Spasms, Convulsions, Paralysis.	Hot, or else pale and sunken face, moist hands.	Quick and strong, or slow, small and weak.	Red and inflamed, with rolling and protruding orbs. Dimness of vision	Dull and aching, or sharp and lancinating.	Emesis, suffocative breathing, convulsions, and last stage.
DIGITALIS.....	Delirium, Vertigo, Loss of memory.	Cramps, Convulsions, General weakness.	Burning and pricking.	Small and slow, or quick, weak and irregular.	Red and inflamed Pupils dilated. Dim. of vision.	Drawing, pressing, throbbing and stabbing.	Suited to the last stage.
GLONOINE.....	Violent Headache, Vertigo.	Weakness and Numbness.	Red face and moist forehead.	Full and rapid.	Red, hot and staring.	Throbbing and stitches.	Violent rush of blood to head. Symptoms of sunstroke.
HYOSCYAMUS.....	Delirium, Vertigo, and Stupor.	Cramps, Convulsions, and Paralysis.	Red burning face, or cold and pale.	Full, strong and quick, or small, weak and intermittent.	Red and sparkling, Pupils contracted or dilated, orbs distorted.	Dull, aching or sticking.	Especially suited to the last stage.
LACHESIS	Delirium, Vertigo, and Insensibility.	Spasms and Paralysis.	Red and burning. Erysipelas.	Quick and violent, or slow, weak and trembling.	Red and inflamed Fiery flashes, Pupils dilated. Dimness of vision.	Drawing, aching, stabbing and rheumatic.	Especially adapted to cases caused by syphilis.
MERCURIUS.....	Vertigo, Sopor, Insensibility.	Cramps, Convulsions, Paralysis.	Red and bloated face, or pale and sunken, with profuse perspiration.	Quick and violent, or slow and weak	Half closed, or staring and glassy Pupils contracted or dilated.	Throbbing or lancinating.	Frequent vomiting, difficult respiration, retention of stool and urine. Generally alternated with Belladonna.
OPIUM.....	Delirium, Giddiness, and Mental weakness.	Trembling, Convulsions, Paralysis.	Face red and hot, or pale and sunken.	Full and hard, or small, soft and irregular.	Red and inflamed; orbs distorted; dimness of vis;	Burning, stinging, lacerating and rheumatic.	Especially suited to cases caused by Scarlet Fever.
RHUS.....	Delirium, Giddiness, and Mental weakness.	Cramps, Numbness and Paralysis.	Red, burning and erysipelatous.	Quick, or slow and irregular.	Inflamed and swollen; Photophobia; Dimness of vision.	Sticking, drawing and rheumatic.	When caused by suppressed erysipelas.
STRAMONIUM.....	Delirium with frightful fancies, or stupor and insensibility.	Tonic spasms, Convulsions and Paralysis.	Face red and swollen.	Strong and full, or weak and trembling.	Sparkling, glistening, and staring. Pupils dilated or contracted. Dimness of vision.	Throbbing and violent, or dull and drawing.	Vomiting and constipation; retention of urine. Generally alternated with *Aconite* during first stage.

and cutting pains in the head and extremities, rolling of the eyes, excessive thirst, scanty and high colored urine, and constipation.

Second Stage. After the lapse of twelve, twenty-four, or forty-eight hours, and sometimes a week or more, according to the violence of the disease, the *second period*, or *stage of collapse* sets in. The headache now subsides, the delirium passes gradually into stupor or coma, the pupils become dilated, the eyes dim and sunk in their sockets, the hearing greatly impaired, the pulse small, rapid and intermittent, and the skin cold and clammy; the convulsions subside into muscular relaxation or paralysis, and a general state of insensibility succeeds, which soon terminates in death.

MODIFICATIONS. The symptoms are of course variously modified, according to the extent and violence of the disease, the age of the patient, and the nature of the exciting cause. Sometimes the disease begins and ends with convulsions—at other times, pain in the head, delirium or coma, may constitute the principal symptom. Indeed, no disease presents itself under a greater variety of forms, or with a greater diversity of symptoms; yet they are generally present in sufficient number, and are sufficiently characteristic, to make any mistake in the diagnosis both unnecessary and inexcusable.

ETIOLOGY. Among the exciting causes of this disease may be mentioned: external violence, teething, the suppression of cutaneous eruptions, the translation of rheumatism or gout, venereal excesses, abuse of liquor, mental emotions, and certain fevers, such as typhoid fevers, scarlet fever, and erysipelas.

TREATMENT. The treatment of meningitis is similar, and in most cases identical with that of Hyperæmia of the Brain. In addition, therefore, to the Therapeutic Indications contained in the preceding Table (VIII), the practitioner should consult the indications and Tables given under the head of Cerebral Hyperæmia.

DIET AND REGIMEN. For the first few days the diet should be restricted to such simple articles as toast water, gum water. barley or rice water, jellies, etc., and until the stage of excitement is fully past, should be of the mildest and most unstimulating character. The room should be kept cool, quiet and well ventilated, and the patient as composed as possible.

CEREBITIS—ENCEPHALITIS.

INFLAMMATION OF THE SUBSTANCE OF THE BRAIN.

Cerebritis and Encephalitis are terms commonly used to denote partial inflammation of the substance of the brain, in contradistinction to general inflammation of that organ, which seldom or never occurs without involving the cerebral membranes, particularly the pia mater and arachnoid coats, and is, therefore described under the head of Meningitis.

This disease is not only confined to a limited portion of the cerebral substance. but it is also generally of a more or less chronic character. It is, however, sometimes acute, particularly if the inflammation involves a considerable portion of the cerebral mass, in which case the inflammation passes rapidly through its several stages, and may soon terminate in coma, convulsions, paralysis, or death. Even when the inflammatory process is limited to a very small portion of the brain, it may prove speedily fatal, in consequence of the particular part affected; as, for example, the corpora pyramidalia of the medulla oblongata, or the part contiguous to the pia mater and arachnoid membranes.

PATHOLOGY. Inflammation of the substance of the brain generally begins with exudation between the fibres situated along the boundary separating the cineritious and white substance. Sooner or later, owing to the vascular structure and highly organized nature of the organ, the exudation results in disorganization of the cerebral textures, producing at first what is called *red softening* from the presence of blood in the broken down tissues, which gradually changes to *yellow softening* by reabsorbtion of the coloring matter of the exudation. Sometimes, for reasons difficult to explain, the exudation changes to pus, into which, also, the implicated tissues are converted, forming cavities or *abscesses* in the brain, which vary greatly both in size and number. These abscesses generally result from injury of the cerebral substance, but do not always correspond to the seat of injury. They are subject to a variety of terminations. Sometimes they become enclosed in cysts of false membrane, which, by limiting the extent of the inflammatory process, prevent any further disorganization of the

cerebral texture; at other times they make their way into the ventricles, or to the surface of the brain, producing inflammation of the investing membranes and death.

Abscesses of the brain, however, do not always terminate in death, as cases sometimes occur in which there is every reason to conclude that the purulent matter has been absorbed; cicatrices having been found in the brains of old people which could only be accounted for in this manner.

Among the various pathological states incident to this disease is that of *ulceration*, which, however, is of comparatively rare occurrence. The ulcers, which vary in size from a few lines to several inches, are situated for the most part, on the external surface of the brain, seldom penetrating beyond the grey substance. The tissues immediately surrounding the ulcers, as well as the adjacent membranes, usually exhibit signs of inflammation; and occasionally they are found to communicate with deep-seated abscesses.

Sometimes encephalitis of a very chronic character, instead of producing softening or ulceration of the cerebral substance, gives rise to a state of permanent *induration* of the part affected. The old writers relate many such cases of partial induration, all of which were of a very protracted nature. In some cases the affected parts were unusually red and vascular; in others, they were of a pearly whiteness, and of different degrees of density, from that of semi-concrete lymph to that of fibro-cartilage.

Symptoms. The various pathological conditions above described, prepare us to expect a great diversity of symptoms in different cases; they are likewise found to be extremely vague and unreliable. We have already stated that the disease may assume more or less of an acute character from the beginning, especially when large portions of the brain are implicated. In such cases the disease generally involves the meninges of the brain, and runs a rapid course. In other cases comparatively large portions of the cerebral tissue may be affected without its functions being proportionately or to any great degree disturbed. Even when the initial symptoms are most complete, they are not always sufficiently pronounced to

enable us, at the outset of the disease, to distinguish it with any degree of certainty from other inflammatory affections of the brain.

First Stage. The patient is generally attacked with severe deep-seated pain in the head, commonly of a continuous, but sometimes of a paroxysmal character, which frequently precedes all other symptoms. Afterwards, and sometimes from the very commencement, other symptoms are experienced, snch as vertigo, dimness of vision, buzzing in the ears, disposition to faint, nausea and loss of appetite, hesitancy of speech, wandering pains in the limbs, sensation of numbness, or tingling in the various parts of the body, with heaviness and cramps in the extremities, and an unsteadiness of gait, betokening the approach of paralysis. This constitutes the *first stage*, beyond which there is but little, if any hope of recovery.

Second stage. Although the general health is now more or or less impaired, the ordinary absence of fever, and of any derangement of the intellect, prevents, as a general rule, apprehensions of impending danger, until at last the patient is suddenly seized with stupor, insensibility, and paralysis.—From this condition the patient may so far recover as to exhibit some signs of intelligence, but some degree of drowsiness, apathy and mental weakness, as well as loss or impairment of the special senses, remains. This is called the *second stage;* and is characterized at its close by rigid contractions of the flexor muscles of the paralyzed limbs. This condition of rigidity, or tonic spasm, is supposed to indicate the process of softening of the cerebral tissues.

Third stage. If the patient survive the second stage of the disease, the rigidity of the paralyzed muscles gradually gives way, and is succeeded by the opposite condition of relaxation and flaccidity. This marks the *third stage*, or that of complete paralysis, in which the affected portion of the brain has become wholly disorganized and broken down. The patient now, either suddenly or gradually sinks into a state of profound coma, from which the system never rallies, and death sooner or later closes the scene.

The above is a very imperfect sketch of the history and progress of this disease, which is marked at different stages with more or less irregularity of function, fever, delirium, and spasmodic action; and giving rise to a diversity and succession of symptoms in different cases, which constitute certain forms and varieties of cerebritis, that our limited space forbids us to describe. This,however, is quite unnecessary, since the description already given is sufficiently characteristic to enable the practitioner always to identify the disease with the aid of the following

DIAGNOSIS. Cerebritis is liable to be mistaken in the first stage for meningitis, and in the succeeding stages for apoplexy. In cerebral meningitis the febrile excitement is very great, and is attended with spasmodic and convulsive symptoms on both sides of the body, and without decided paralysis, succeeded by collapse. In cerebral apoplexy, on the other hand, there is generally a more sudden invasion and rapid progress of the disease, together with sudden and complete paralysis, unattended at first with spasmodic symptoms.

With reference to convulsions, coma and paralysis, it should be remembered, that partial congestion from moderate compression will produce convulsions; while increased congestion alone are sometimes similar to those of cerebral inflammation. The diagnosis, therefore, should embrace other symptoms than those of convulsions, coma, and paralysis; such as delirium, altered pulse, altered pupils, etc. This hint will be sufficient in most cases to prevent any serious mistake in diagnosis, even when the symptoms are more than usually diverse and obscure.

ETIOLOGY. As already stated, partial inflammation of the cerebral substance is frequently the result of traumatic injuries, such as blows, falls, etc. It is also caused by the growth of foreign bodies in the brain; such as hytadids, fibrous, fibrocartilaginous, and carcinomatous tumors, and the effusion of sanguinous, tuberculous and scrofulous collections. But the most common causes are doubtless the same as those of simple meningitis; of these, the depressing passions, long continued and severe mental labor, and habitual drunkenness, are perhaps the most constant and powerful.

TREATMENT. The treatment of cerebritis in the first stage or what is sometimes called *irritative* cerebritis, should be similar to that recommended for Cerebral Hyperæmia and Meningitis. So long as no insterstitial change has taken place —no metamorphosis of structure—we may reasonably hope to relieve the symptoms, which are simply those of congestion and inflammation. But when softening has once set in, with its formidable train of effects, the reactive powers of the system are either wholly lost, or too much injured and enfeebled to render any hope of permanent relief. Something, however, is always expected to be done; and the indications being similar to those mentioned under the head of Cerebral Apoplexy, the prescriber is referred to that section. Additional therapeutic indications and remedies may also be found under the heads of Acute Hydrocephalus and Cerebral Concussion, the symptoms of which frequently correspond to those of certain forms and stages of chronic encephalitis, and therefore require the same remedies.

We will add, on the authority of Hempel, that Kafka has for some years been in the habit of employing *Glonoine* 1st to 2d, with the best success in encephalitis, "When the symptoms of cerebral hyperæmia predominate, *and the disorganizing metamorphosis is progressing.*"

We beg leave to take exception to the condition mentioned in the last clause as existing in the cases, though we have no doubt whatever that *Glonoine* will prove a valuable remedy in the initial and purely hyperæmic stage of the complaint.

Kafka also relates a case in which, "Side by side with the symptoms of cerebral hyperæmia, *those of cerebral softening, with progressive increase of the morbid phenomena, likewise coexisted;* and in which, after the hyperæmic condition had been relieved by the employment of *Glonoine* and *Belladonna.*—*Arsenicum* was used apparently with marked success. If it be possible for entire recovery to take place in this disease after metamorphosis of the cerebral tissue has occurred, I have no doubt Arsenicum will prove an efficient remedy, not only because it is capable of producing decomposition of organic

tissues, but because its pathogenesis as exhibited in the cephalalgia, vertigo, wandering pains, impaired sensibility of the limbs, delirium, coma, lassitude, debility, trembling, and numbness of the extremities. and the tetanic spasms, or paralysis, presents a perfect picture of cerebritis, and must, therefore, be truly homœopathic to that condition.

Iodium—is another medicine which seems to have yielded good results in some cases, and so far as the pathogenesis of the remedy is concerned, is certainly appropriate, but we are obliged to confess that our experience with it in this class of cases has not been satisfactory.

Plumbum—also, has been strongly recommended in cerebritis, but so far, we believe, only on theoretical grounds.

(*To be continued.*)

ERYNGIUM MARITIMUM.

BY E. B. IVATTS, DUBLIN, IRELAND.

ECZEMA

April 16, 1874—John B——, aged 30, railway porter ; right leg from ankle,eight inches up to knee, and all round leg covered with eczema, superficially ulcerated in parts, and yellow crusts here and there ; skin inflamed and of a deep red color: cellular tissue hardened and leg swollen. Came on first in left leg slightly, but when right leg became affected the left leg became well.

It commenced over six months ago as a patch of discoloration with watery vesicles which itched greatly, and on rubbing them they became sore ; still troubled with itching. Not washed over his body for two years. At 10 years of age says he had what was called the itch all over his body for six weeks ; he rubbed on what he believed to have been Sulphur ointment and took Senna and salts. Veins very knotted, and had swollen veins for years : ankle swollen which,with the inflamed condition of leg, makes walking difficult and painful. ℞. Warm bath once a week, Eryngium M. θ, three drops three times a day ; wet pad with oil-silk over to cover eruption.

April 24th. To-day had a second bath, and on coming out of it had oozing of liquid like clear water from one spot on leg; leg better, ankle less swollen, and can now walk with but little inconvenience. The medicine, together with the wet rag covered with oil-silk, brought out on clean skin on foot a thick crop of vesicles secreting a clear watery fluid; these vesicles came out before, and was the form in which the eruption spread; eruption seems inclined to travel down over foot, but shows no disposition to spread upwards; improvement going on in upper part; bowels more regular; urine sometimes brown. ℞. Eryngium M. θ, three drops morning and evening.

May 11th. Leg better; desquamation going on extensively all over. Medicine out for several days, and he was induced to put some ointment on, which made his leg worse, and kept him at home from work a day and a half—continue medicine.

May 15th. Leg improving, scales the size of half-a-crown and a shilling constantly and freely coming off. Continue medicine.

May 23d. Improving, discoloration a brighter red; still freely desquamating; in some places the skin feels soft, and in other parts still very hard. Having continued the mother tincture over a month, I feared to produce its physiological action and gave him Sulphur No. 2, for 14 days.

June 20th. He neglected taking the Sulphur for a fortnight, and has now only just finished it. The leg is much better, less red, but still the under skin feels to be hard in places, while in other parts the skin is soft and puffy. Some watery discharge, and also desquamation continues. Standing n leg does not pain him as heretofore; general health good.—Eryngium M. No. 1, three drops morning and evening.

We continued the Eryngium M. for several weeks, until finally cured. He has been under my eye up to date (October, 1875,) and has had no relapse. The skin has not quite assumed its natural color, there being still a slight pale discoloration, but no hardness.

SECOND CASE.

April 23, 1875. John D——, aged 75 years. This old man has the same disease over the front of both legs, from knees to ankles; it commenced three years ago; he was under one allopathic doctor two years, and attended in Dublin Hospital for twelve months, but got no relief. Eryngium M. 1, three drops twice a day, and pads to legs.

I find a pad of swansdown calico, made damp with either cold or tepid water, put over an eruption, and oil-silk or India rubber sheeting over it, and again flannel over the oil-silk very serviceable. I recommend it to be put on for 3 hours a day; it produces great heat, which softens the hardened skin, and the medicine working inside excretes the impurities in the skin, first in the form of vesicles and afterwards as scales, while the habit of the body is also altered.

May 18th. His son called, and said his father's legs were wonderfully better, and all the family are greatly surprised at the effect of the little bottle. His general health is also improved, and he is more lively and walks about the garden.—Has been without medicine fourteen days. Continue medicine same as before.

Sept. 9, 1875. He took the Eryngium M. on and off, to this date. He considers his legs well; the skin in most parts is fading to its natural color, and the hardness and thickened condition of skin is gone; here and there a thin crust peels off occasionally and leaves the place a little sore superficially. Had no medicine for three weeks; had a headache for fourteen days. Eryngium No. 2, five drops twice a day for a week, then stop for a week, and afterwards begin again, and so on. This is a very extraordinary case when the age of the patient is considered.

I have also another case of Eczema in hand, which is do- well under the Eryngium martimum.

STOMACH DISEASE.

April 24, 1874. Mr. K——, aged 33 years—railway clerk. Ill since December, for a month with thin brownish-black diarrhœa; pain over kidneys; water brown, with sediment;—

unable to work for last two months—Dr. F. said he did not think he would recover.

Present condition. After taking food half-an-hour feels a soreness in centre two inches above navel; gets relief by pressing out stomach, which then makes a gurgling sound easily heard; gets a pain occasionally over kidneys; water still brownish in color; have a fatigued feeling, languor, indisposition to move, and feels very weak. Fretful at any noise; very nervous, a sudden knock on the table goes thro' his head. When looking intently at any one, gets pain round orbit of eyes, and stomach pain comes on; feels sore and hurt about stomach, that he has stop in the middle of walking. Painful to talk; head sore at roots of hair; hard pain above navel three times before; first ten years ago, when it lasted for a day, but was cured by hot fomentation. Appetite bad, detests food; feeble in walking; has a careworn, cadaverous look. Eryngium M. θ, three drops morning and evening.

April 27th. In three days he improved; pain after food less; water natural, less soreness about navel, appetite better, and feels and looks better, but is astonished that such small doses should have affected him in such a short time—in fact, does not believe that it is the medicine, but knows no other cause. Medicine same.

May 12th. Pain after food stopped entirely five days ago, pain in back bone for ten days; water natural; sore feeling about the navel gone six days since, and can now bear pressure without pain; bowels regular. Medicine same.

May 20th. Hard up for three days with profuse perspirations, felt very weak and depressed, and unable to eat; urine scanty. I attributed the symptoms to the Eryngium overacting, he having taken θ for nearly a month. Sulp. Quinine second t. one grain three times a day.

May 27th. Quite recovered, appetite good, feels he is getting strong. Continue Sulp. Quinine, morning and evening.

June 5th. Two days since he writes—"I awoke early in the morning of 3d, Wednesday, with a general soreness (about

navel), but *not* where I used to have the *old* pain, bowels opened at intervals about an hour until night, with matter of a glutinous substance of the consistency of starch of dull, dark brown color. I awoke on Friday early very feverish, and literally lying in wet from the profuse perspiration, but warm and not cold as I was subject to—I got up about midday, felt well."

After this he got better and resumed his employment, but after a few weeks felt ill again, and went to hospital suffering from diarrhœa and weakness; he was away from business two months, but never had up to the present time (Nov. 1875), had the pain about navel or after food; possibly his disease was catarrh of the duodenum. He has continued well since, but I fear his habits were not temperate. This case though not conclusive, without doubt, altered the habit of body, drove the lesion from its resting place, and set up a purifying excretive process.

The most conclusive effects of the Eryngium M. has been illustrated in the Eczema cases; still, I think it will prove more useful in diseases of the viscera, viz: stomach, liver and pancreas. I have noticed that it has several times given relief when the patient has complained of being *unable to eat any fat of meat or any fatty kinds of food.* I believe this will prove a *key-note* to its use.

It must have a direct action on the pancreas where the fatty substances are emulsified. The two following cases illustrates this feature:—

Sept. 25, 1874. Mrs. T——, widow, age about 45 years.—Suffers from heart burn, eructations very acid and bitter, comes on two hours after dinner, dines at 5 P. M., and when in bed at night experiences burning at pit of stomach. *Cannot eat fat of meat.* Suffered between two and three years, getting worse and worse. Has been at odd times to all the principal doctors in the city, running from one to the other. Acid waterbrash nearly every morning, and on one occasion threw up a liquid like thick porter. I gave her a 2 dram bottle of Centnary, No. 1, which did her no good; she then had a 2 dram

bottle of Eryngium M., No. 1, five drops morning and evening. In the course of ten days she commenced to throw up every morning a liquid like porter, and this continued for a month, when she got quite well, and now (Oct. 1875) has got into flesh and become quite buxom. She has told me she thought the medicine made her worse, and did not in consequence come near me. I believe it developed a chronic disease into an acute state and excreted impure exudation.

July 22, 1874. Mr. C——, manufacturer, age about 46 yrs. Ill for twelve months with debility and stomach derangement. *Cannot eat fat* or vegetables; half-an-hour after taking food feels bad pain over stomach; feels generally weak and unable to walk any distance. Tried several doctors and have been to the Water Cure at B—— for three weeks, where he got some relief. Wind and flatulency. Eryngium No. 1, five drops three times a day.

July 25th. Better, and able to walk farther, less pain after food. Does not give all the credit to medicine, but still wants some more. Eryngium θ, one drop morning and evening.

I saw him shortly afterwards, and he said he could then eat fat, vegetables, and anything, and he was very much better. I saw him this last summer (1875) and he said he has kept well, but he is considered by his friends to be characteristically "hippish," having had family troubles and lost his wife.

April 20, 1874. Mr. A——, aged 24 years, clerk. Waterbrash; slight pain over liver; tongue white, feeling like to sea-sickness; pain in forehead, causing eyes to water, has weak eyes generally; bowels regular.

For a long time got a stitch over liver when walking quickly. Eryngium θ, three drops morning and night, cured the case in three days.

I gave a two dram bottle of Eryngium M., No. 1, to Sir C——, Kt, who had suffered from liver complaint for twelve months, having been many weeks in bed attended by the leading doctors of the city. He recovered, went to Germany

for six weeks, drank the waters, and came back as he supposed cured; but three weeks after his return the pain came back in the liver giving him great torture. In three weeks to a month he got quite well again, and has kept well now for 12 months. Says the Eryngium did him more good than all the doctors gave him.

I believe the Eryngium M. possesses an affinity for old chronic lesions, that have become latent, or are supposed to have been cured. It brings such lesions into an acute stage, and excretes impure lodgements.

An old gentleman suffering from diabetes and impotency took the Eryngium M. for the latter symptoms. After a few days he wrote me that severe rheumatism in the left wrist came on which he had 18 years before, being an homœopath he stopped the medicine, took Aconite and Rhus, when it passed off.

In a case of consumption, where I gave the Eryngium M. to excite the appetite, severe head symptoms came on, and black diarrhœa followed; patient had had an illness some years before with similar head symptoms.

A retired allopathic physician derived great relief in severe rheumatism of the intercostal muscles from Viscum album, No. 2. I then gave him Eryngium, No. 1 to excite his appetite, and after two doses the pains came back for two days accompanied with active diarrhœa of a black color.

OVERWORK.—The *Toronto Sanitary Journal*, says: The *Sanitary Record* gives some valuable hints as to how the effects of overwork may be distinguished in the early stages, as follows:—

"Overwork exists when the sense of energy once possessed is distinctly impaired; when it is found an effort to get through what was once a cheerful task; when what was once found comparatively easy is beginning to be felt a trial, and above all, when errors or omissions, the direct outcomes of a flagging and wearied brain commence to manifest themselves. To spur on an exhausted brain, and by application and longer hours of toil to compel the overtaxed nervous system to complete its round of duty is one of the most disastrous and erroneous measures that can be adopted.—Whenever work, itself unaltered, looks larger than of yore, and is felt to be trying, then the system is commencing to feel the effects of overwork, which, however, may actually have existed for sometime unnoticed."

Dr. Wilks says those are happiest, and we suppose healthiest, who have some second occupation to interest them—that is "a pursuit besides their bread-earning employment." Upon this the "*Doctor*" observes: "We believe there is much truth in this, and we recommend all our professional brethren to have their hobbies as well as their practice."

American Observer.

EDWIN A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

WITCHCRAFT AND MEDICINE.

"O it came o'er my ear like the sweet south
That breathes upon a bank of violets,
Stealing and giving *odour.*" *Twelfth night.*

It is peculiarly fit that a "defender of the faithful over small things" should rise up in Massachusetts. If only, now Dr. Cushing can trace his genealogy back to Cotton Mather, he will have established an indisputable claim to be the evangel of the high-potencies.

There is something in the organization of an exuberant "high-potency-man" that renders him utterly impervious to the sharp shafts of common sense. He has eyes but sees not; ears, and hears not. Although frequently his writings indicate a *length* of (y)ears that would not be incompatible with very delicate appreciation of sound-waves.

The logic? (save the mark) of these fine-haired gentlemen, is well exemplified in the "case" which Dr. Cushing cites in support of his doctrine that it will not do to keep "low" and vile drugs in proximity with homœopathic medicines. If that case may be looked upon as proving anything at all, it proves that keeping Camphor and Bryonia together, does not hurt either of them. In fact, I am inclined to think the Camphor must have been "potentized" by the pervading atmosphere of the neighboring homœopathic medicines; for undoubtedly this must be acknowledged a rapid, almost "witching" cure. But then it happened in Massachusetts; and all things are possible in the land of the Salemites. The beauty of this case is, that the doctor cites it as an example of how one drug may affect another drug! The poor human organism that intervened, is entirely ignored in his summing up. Doubtless the Camphor rushed in, seized the demoniac Bryonia in her warm embrace, and quashed him, instanter. Or did she steal swiftly but softly upon the unsuspecting youth at his devilish gambols among the fine filaments of the *nervous vagus*, and with a wave of her witching wand hush him into a gentle slumber?

Beautiful and all satisfying as this theory may be to the high-potency man, there are some of us hypercritical sticklers of "low" tendencies who want to know "you know" what Dr. Cushing means by the *odor* of a drug. To our simple and unrefined understandings the "odor" is no part of the drug at all—merely a sensation produced by contact of the drug with the filaments of the olfactory. Now we have not yet learned that drugs *have* olfactories, unless Dr. Cushing proposes to demonstrate it. Hence we would like him to

explain his explanation by showing the analogy between this effect of Camphor upon a common mortal, and the supposititious effect of drugs upon homœopathic (!) medicines.

I have been used to such matter-of-fact methods of thought, that lead me, and "mony mae" to look upon pain as the expression of an actual, demonstrable, pathological condition. Bryonia, we know, is capable of producing that paralysis of *vaso-motor* nerve filaments that brings about capillary stagnation, dilatation–inflammation; by suspending that regular peristaltic wave motion which Messrs. Legres and Onimus say, forces the blood through the capillary vessels just as the circular fibers of the œsophagus force a homœopathic pellet into the stomach. It is the experience of the average homœopath, and of everybody else, that this condition, of which pain is a mere symptom, cannot be removed in the twinkling of an eye. Moreover it will occur to some that a "large dose of Bryonia θ" may include a pretty strong potion of alcohol. And that alcohol is like to affect the "teetotal" thorax in precisely the manner which Dr. Cushing describes, when taken "raw" or moderately diluted, will also occur. That this condition is extremely evanescent, all know. Hence Dr. Cushing's olfaction cure is probably like other such cures—a myth.

H. W. Taylor.

REPLY TO ABOVE.

Dear Doctor:—It has been so long since your last article appeared I had nearly forgotten you. How sad to be so publicly reminded that I live in the benighted, bankrupt State of Massachusetts—that I am a near neighbor to the "mushroom" city of Salem. But then we don't have to depend entirely upon "shakes" to keep us awake. As to genealogy, I had as lief trace mine back to Cotton Mather as to Barnum's "What Is It." The latter breed don't flourish well here. Keep "West, young man." As to "the length of my (y)ears," they have thus far protected my brain, and prevented it from drying up. Let yours grow—soak them—do anything to prevent the dreadful calamity which evidently threatens you. "Death loves a shining mark."

My objection to keeping respectable medicines in filthy places may be simply from habit—poor bringing up, you know. Perhaps I "ignored the poor human organism" because he was a "Western" man. If to your "simple and unrefined understanding the odor is no part of the drug," then the taste cannot be; therefore then is nothing to the drug. You ask me to explain certain things, but I cannot to your understanding, for I am forty-six years old, and cannot expect to labor more than fifty years longer. Nonsense and foolery do good to no one. Please report the cases as I requested, and I will reply in like manner—or let us forever hold our un-peace.

A. M. Cushing.

Fine Lines.—(*Scribner.*)—Nobert has recently ruled a plate of 240,000 lines to the inch, for President Barnard of Columbia College.

HOMŒOPATHY AND ALLOPATHY.

IMPROMPTU *on reading the following quatrain in Scribner:*

"HOMŒOPATHY.

"'If like cures like,' 'quoth Bibulus athirst,
"'Each second glass must surely cure the first?
"Alas! he missed his count, and, sad to see,
"The drinks came out uneven—so did he!"

R. R. BOWKER.

ALLOPATHY.

"Since thus," quoth Bib., "*Allopathy* is true,
If one does good, much more must come from two!"
Alas! poor Bib! he took one dose too many,
And soon was where no good could come from any!

Wyoming, Ohio. C. P. H.

LIGHT.

The night has a thousand eyes,
The day has one,
Yet the night of the bright world dies.
With the dying sun.

The mind has a thousand eyes,
And the heart but one;
Yet the light of a whole life dies
When love is done.

The above verses, which have the true poetical ring, are quoted by *Scribner* thus:

FAME AND ONLY EIGHT LINES.

Here are the eight lines which have made Bourdillon, the Oxford graduate famous:

THE BIBLE IN RHYME.—(*Boston Gazette.*)—Dr. A. Coles, a learned physician over in Newark, N. J., has been devoting the past few years of his busy life to putting the Bible story in rhyme, with what success remains to be seen. "The Evangel," as the volume is called, will be published by the Appletons, of this city. Dr. Coles is a ripe scholar and has already won an enviable reputation for his "Thirteen Translations of the Dies Iræ," his "Microsm" and other poems. "The Evangel" will be unquestionably a scholarly work; aside from this, the novelty of the idea will at once arouse public attention, and its author may expect a great deal of praise and of blame. Dr. Coles has gone about his work with no flippancy; he has brought a true devotional spirit to aid him in this which he looks upon as his life work. Although practicing medicine in Newark, Dr. Coles' home is at Scotch Plains, on the New Jersey Central Railroad. There he has a most beautiful little cottage on the side of a protecting mountain, and there he entertains the *litterateurs* of this country, and many from abroad who visit our shores. The doctor is a genial host and a highly entertaining conversationalist, particularly if you can get him upon the subject of his student life in the French hospitals, and of the revolution of '48; he helped build the barricades in the streets, and has heard Lamartine harangue the mobs.

INFLUENCE.—Thomas Carlyle says: "It is a high, solemn, almost awful thought for every individual, that his earthly influence, which has had a commencement here, will never, through all ages, were he the very meanest of all, have an end."

KEEPING THE BED AFTER CONFINEMENT.—(*American Medical Weekly.*) Dr. William Goodell, of Philadelphia, in his account of the arrangement of lying-in women in the Preston Retreat, writes as follows in regard to the common practice of keeping the bed:

"Lying-in women are encouraged to get up for good when they feel so disposed, because there are, to my mind, strong objections to the rigorous maintenance of the recumbent posture. Labor is, in general, a strictly physiological process, and there can be no sound reason why it should be made to wear the livery of disease. Nature teaches this very plainly, for most women want to get up long before their physicians are willing to let them. The fact of a woman's wishing to get up is to me a very good reason why she should get up. In the second place, few physicians will deny that nothing so relaxes the tone of muscular fibre as a close confinement in bed. In my experience, a woman ordinarily feels stronger on the fifth day than she does on the ninth, if rigorously kept under quilts and blankets. Once more: the upright position not only excites the womb to contract, but, by distributing the blood and equalizing the circulation, it actually lessons the amount of the lochia and shortens their duration. On the other hand, the dorsal decubitus keeps up a passive congestion of the womb as a whole, the engorgement of the greatly hypertrophied placental site, and a blood stasis in the now thickened posterior wall—all important factors in hindering the process of involution. Again: uterine diseases are hardly known among those nations whose women early leave their beds. From passages in the writings of the classics, it is evident that among the ancient Greeks and Romans, those models of physical strength and beauty, the women arose and even bathed in a running stream, very shortly after delivery, in some cases on the very day. Finally: what is sounder than all theory, a sufficiently long and well-sifted experience has proved to me that, by such a treatment, convalescence is rendered far more prompt and sure. At this result, very unexpected to the multiparous patients of the Retreat, they are constantly expressing their surprise."

A VEGETARIAN'S BILL OF FARE.—Prof. Francis Newman, of England, does not hanker after the fleshpots of Egypt or any other land. His diet is not that of an omnivorous creature. That trait of appetite which forms a slight connection between man and the carnivora is wanting. Still the Professor has been able to publish in a London paper, the *Dietetic Reformer*, a list of nineteen bills of fare of dinners actually eaten by him, which, notwithstanding the absence of fish, flesh or fowl, are tempting enough even for an epicure. Peas, pudding, savory vegetable pies, tarts, pea soup, haricot of majoram, and thyme, with fried onions in oil, fried batter pudding, eggs, rice and sago in varieties of forms, and many other articles appear upon the list, showing that the vegetarian can have as many varieties in his dinner as can be devised by the French cook with all the wealth afforded him by the sportsman, the butcher and the poulterer.

VACCINATION.—A return made by the medical officer of a London hospital, shows that out of 411 children under fifteen years, suffering from small-pox, during the last epidemic, eighty children died of the disease. Of the eighty children seventy-seven had never been vaccinated, and the other three, though vaccinated, only showed defective marks. No child showing good vaccination marks died.

VARIOLA.—A dreadful story is reported from Cascade, Iowa. A person died of small-pox, and a grand funeral was had with six pall-bearers. One of these was a baker. He returned to his oven and worked until the disease fairly prostrated him. All his bread customers took the disease, the other five bearers also took it, and there is almost entire prostration about there.

LOVE AND INSANITY.—(*Popular Science Monthly.*)—We obtained an idea of love differentially as it exists in the sexes by observing the degree to which it affects men and women as a probable cause of insanity. In the same manner, I think, we can gain a knowledge of the comparative intensity with which emotions and states of conciousness, common to both sexes, exist in intellection, by observing the extent to which they react as a probable cause of mental alienation. For my purpose I shall use DR. KIRKBRIDE'S report for the Pennsylvania Hospital for the Insane. The analysis is based upon the supposed causes of insanity in 6899 cases. Domestic difficulties are the probable causes of mental disease in forty-seven men and eighty-six women. Nearly two to one expresses the difference in intensity in the action of this cause. Fright resulted in insanity in 16 men and 36 women; grief affected 77 men and 256 women, a difference of more than three to one; religious excitement acts as the cause in 79 men and 127 women, a difference of sixtytwo per cent; nostalgia, 7 women and no men; from mental anxiety there are 164 men and 261 women insane. These causes, which present such dissimilarity, have one bond of union; they affect the emotional part of the psychical nature. From this I would not conclude that women are less able to bear the operation of these exciting causes than men; but that the emotional nature of women is more largely developed, and thus more exposed to the action of such causes as directly affect it. If I am right in this, we would expect to see in women the emotional forms of insanity developed in excess of the same in men; and this is just what we find. Continuing to analyze the tables of DR. KIRKBRIDE relating to the same cases as above, we find the number of women to be 3220, the number of men exceeding them by 459; and yet there are 1032 cases of malancholia among the women to 832 in men. Professor MAUDSLEY defines this form of insanity as "great oppression of their self-feeling, with corresponding gloomy, morbid idea."

MORE "SIAMESE TWINS."—On Saturday, the 7th inst,, publication was made, says the Baltimore *Sun*, of the birth, on the previous Wednesday, at Tobacco-stick, Dorchester County, of female twins, who were joined at the breast in a manner more wonderful than the late Siamese Twins. The Dorchester twins were of colored parentage. One of the twins was alive at birth, but died in a few seconds thereafter. The other, when born, was dead. The one first ushered into the world bore the impress upon its face of a genuine negro, while the complexion of the other was like that of a white person, and its hair less kinky than its sister's. Dr. La Count Smith, of Tobacco-stick, became possessed of the bodies of the twins soon after their birth, and with them arrived in this city yesterday afternoon for the purpose of having the bodies properly preserved, which will be done by placing them in an aquarium-shaped vessel filled with alcohol. Last night the Dorchester monstrosities were exhibited at the office of DR. J. H. Tall, corner of Sharp and Lee streets, in presence of several medical gentlemen. The bond of union connecting the bodies of the twins extends from the center of the breastbone to the navel, thus placing the bodies face to face. The bodies are well formed and weigh ten pounds and a half, and measure eighteen inches in length. The physicians who were present at Dr. Tall's office last night gave as their opinions that each of the twins possessed separate stomachs, hearts, livers, etc., and that a wall separated the stomachs along that part where the bond of union exists. The only case on record where a similar bond of union ever existed is in the London Museum, and, like the Dorchester novelty, the twins were females.

ASTRONOMICAL PHOTOGRAPHS.—(*Scribner.*)—M. Paschen directs attention to the unreliability of astronomical photographs, owing to the shrinkage of collodion films, to which Mr. Rutherfurd adds the changes caused in wet plates by the cooling that attends on the evaporation during exposure. These sources of error might readily be avoided by a return to the use of metallic silver surfaces, which, for all applications requiring accuracy, are far superior to collodion films.

The Laugh Cure.

"A merry heart doeth good like a medicine."—SOLOMON.

BEE STING.—An Ohio man has discovered that after the bees have stung you a dozen times you become inoculated, and the stings don't affect you. Those who doubt it can try it.

ACCOMMODATING.—*Lady:* "Before I engage you I should like to know what your religion is." *Cook:* "O, ma'am, I always feel it my duty to be of the same religion as the family is."

As accommodating as those very conscientious M. D's who are ready to practice according to either system, as patients express their preferences.

ABSENT-MINDEDNESS, EXAMPLE OF.—Mr. Lawson once left his lecture-room, taking with him a student's hat, instead of his own book, which he was to carry home. Once he was on the point of leaving his house, having put on his head a lady's bonnet, which had been left hanging on the peg where his own hat ought to have been. Once, walking in a copious shower, a friend took pity on him and loaned him an umbrella, which the meditative divine put under his coat, through fear of wetting and thus injuring what had been kindly loaned to him. While intent on his books, his frightened servant opened his study door, and shrieked out abruptly, "Sir, the house is on fire!" The doctor did not intermit his studies for a minute, but simply remarked, "Go and tell your mistress; you know I have no charge of household matters."

ENVY.—An actress of one of the prominent Paris theaters approached the physician of the establishment the other day, and said, "Doctor, you can do me a great favor." "Name it," said the doctor, who was enamored of the actress. "Oh," was the response, "it is not a very difficult thing. You are the physician of Mlle. Z. She is my rival. I want you to give her a fever which will keep her from the stage for a fortnight."

ANECDOTES OF DOCTORS.

MONSEY.—Among eccentric physicians, we cannot select a better instance than Garrick's enemy, the facetious Dr. Monsey. A poor doctor at Bury St. Edmunds, he obtained a patron by saving Lord Godolphin, who was on his way to Newmarket, from an apoplectic attack. In London he became the friend of Sir Robert Walpole.

"How is is," said Sir Robert, "that nobody will beat me at billiards, or contradict me. but Dr. Monsey?"

"Other people," said Monsey, "get places; I get a dinner and praise."

One of Monsey's oddities was his way of extracting teeth. He would sometimes fasten a bullet to a piece of cat-gut, which he fastened to the guilty tooth. He then loaded a pistol with the bullet, and fired. He once prevailed on a friend to try this strange operation; but when all was ready the patient repented, and bawled out to Monsey to stop.

"Stop, stop! I've changed my mind."

"But I haven't and you're a fool and a coward!" said the doctor, pulling the trigger with a malicious speed. Monsey, in old age, became a miser; and there is a story told of his returning from a journey to find his servants at a tea-party, and just preparing to light a fire in a grate where he had hidden gold and notes to a large amount. Monsey died in his 95th year, and left his body to be dissected. His fortune—more than £16,000—went to his only daughter.

JENNER.—A greater man, and quite as social and amiable, was Edward Jenner, the discoverer of vaccination. A chance remark of a Gloucestershire dairymaid was the origin of his great and useful discovery. He was the son of a Gloucestershire clergyman, and on the expiration of his apprenticeship to a surgeon near Bristol, studied under the celebrated John Hunter. In 1790, Parliament voted Jenner $20,000, as it appeared clearly from a report of the college of Physicians, that out of 161,311 cases of vaccination, there had been only three deaths. Jenner seems to have been a meek, gentle, and modest man astonished at his own fame. The character of the man is well shown in a letter he wrote to Cline, who assured him, if he came to London, he would earn £10,000 a year.

"Shall I," he says, "who, even in the morning of my days, sought the lowly and sequestered paths of life in the valley, and not the mountain—shall I, now my evening is fast approaching, hold myself up as an object for fortune and for fame? Admitting it as a certainty that I obtain both, what stock should I add to my little fund of happiness? And as for fame, what is it?—a gilded butt, forever pierced with the arrows of malignancy."

HUNTER.—John Hunter was a remarkable instance of natural genius discovering its true bent. The Glasgow cabinet maker's boy was right when he left the plane and chisel and turned anatomical assistant, to be in time Surgeon General of the army, and without a doubt, the first surgeon of Europe. On his great collection, now the College of Surgeons, Lincoln's Inn Fields, Hunter is said to have spent £90,000. It was purchased by government for £15,000. Hunter's skillfulness may be gathered from the fact that he once removed a tumor as large as a man's head, and healed the wound, as surgeons say, by the first intention. He was so diffident a lecturer that he is said to have always taken 30 drops of laudanum before he commenced his discourse. In character, Hunter was arrogant and contemptuous, trampling down all opposition. When told of a hostile criticism being published, he said: "Yes, we have all of us vermin that live upon us." Hunter died in 1793, suddenly, at a meeting in St. George's Hospital, where some opposition had irritated him. A fear of hydrophobia from a cut he had received in dissecting a hydrophobic patient had latterly preyed much upon his mind. His chief discoveries were in relation to cancer and popliteal aneurism; but he carried the study of anatomy farther than his predecessors, and established the existence of new properties in the gastric juice. Hunter was fond of keeping wild animals, from which he sometimes ran great risks.

AKENSIDE.—We must not forget to enroll among our doctors the poet doctor, Akenside, who, at the age of 23, wrote the "Pleasures of the Imagination," a poem which Pope admired and eulogized. Akenside is described by one of his biographers as a bundle of contradictions. By turns he was placid irritable—simple, affected—gracious, haughty—mean, benevolent—kind and brutal. He is described as thin, pale and lame. He was rough to women, and sometimes paced the hospital preceded by porters with brooms, to drive back the crowd. The poet's classical tastes were ridiculed by Smollett in "Peregrine Pickle;" nor can we wonder at Smollett's ridicule when we read the stories of Akenside's sourness and arrogance. If he bullied his poorer patients, as we are told he did, we can only rejoice at the mortification he must have felt when one of the governors of St. Thomas' plainly told him: "Know thou art a servant of this charity."

COOPER.—Talking of doctors' fees, reminds us of Sir Astley Cooper and his £15,000 a year. His largest fee was thrown him in a nightcap by an old West Indian patient. An operation had been preformed, and the two physicians had received 300 guineas each.

"But you, sir," said the old man to Sir Astley, "shall have something better; take that," and he flung the night-cap at Sir Astley.

"Sir," replied Sir Astley, "I'll pocket the affront!" The cap contained a draft for 1,000 guineas.

NECROLOGICAL.

McClatchey.—On the 12th October, 1875, Mary J., wife of Robert J. McClatchey, M. D., of Philadelphia, Penn., of valvular disease of the heart. The numerous friends of Dr. McClatchey, in different parts of the country, will be pained to learn of his severe affliction in this untimely loss of the companion of his early life, and mother of his two young children. The health of Mrs. McClatchey, had not been good for several years, and during the past year her strength had been severely taxed by the anxiety and fatigue resulting from the protracted illness and death in her own family of a brother, and young child. While in a broken down condition from these causes, she was taken with an attack of inflammatory rheumatism, which involved the heart to such an extent as to finally destroy her life.

Notwithstanding the great suffering attending her illness, Mr. McClatchey bore her sickness with uncomplaining submission, baing comforted by the sympathy and constant attention of many friends.—*Am. J. M. M. Med. Phil.*

McCort.—On the 1st of November, at Troy, N. Y., the wife of Dr. P. J. McCort, died of pneumonia after a brief illness. A daughter of F. N. Witbeck of West Troy, was 33 years of age, and was a lady highly esteemed by a large circle of friends.

MARITAL.

Weaver–Crouse.—On the 15th of September, at the residence of the bride's father, by the Rev. John Ault, S. B. Weaver, M. D., to Miss M. Jennette Crouse, daughter of Mr. William F. Crouse, both of Littlestown Pa.

Towne–Fuller.—At Lansingburg, N. Y., Mr. Wm. H. Towne, to Miss Carrie F. Fuller, danghter of Dr. H. E. Fuller.

NOTICES, ETC.

Missouri School of Midwifery.—On Dec. 15, this School graduated its first class, numbering sixteen scholars. The institution has been most flourishing, and promises for the future all that its friends could wish. Conducted on the plan approved by the German authorities, and under the surveillance of Dr. A. E. Reiss, the principal, Dr. W. C. Richardson, the secretary, and Mrs. S. Schiereck, assistant midwife, it has made a most promising commencement. Graduating class: Mesdames C. C. T. Wentzel, C. K. Waidekamp, L. C. Mitlekamp, M. J. Zobel, C. Rossenthall, A. M. L. Mainzen, E. Eglin, Mary E. Griffin, Emma Jackson, Bertha Schiereck, M. Nienian, K. Post, Mary Clemens, S. P. Fehan, M. Regnier and L. De La Motte.

A Resident Physician Wanted immediately at the Brooklyn Maternity. He must be a Homœopathist, and must furnish satisfactory evidences of character and ability. This offers a rare chance for a competent physician, as the opportunities for indoor (Institution). and the outdoor (private) practice are of the best. For particulars apply to R. C. Moffat, M. D., Secretary to the medical staff, 17 Schermerhorn street, Brooklyn, L. I.

Free Medical Education.—The attention of *poor* Medical Students, is called to the following letter:

University of Michigan.—Ann Arbor, Mich., Nov. 18, 1875.

Dear General Editor:—Since I have been here I have learned that it is the privilege of this University to educate many poor young men.

I have for a father one who was ever ready to pinch his belly to educate his son (an unworthy son, too). Be pleased to say in your Journal that any student can find in my library the necessary books for his study, if he would be a doctor, and that they are at his service.

Thus only can I repay my father. Carl Müller.

Correction.—Dear Doctor: I had no thought of your printing my note. But as you did, please correct errors as published. I never write "tar" but Tar. This peculiar Tar from one of our springs is *sui generis*, and of such importance as always to merit a capital T. Then *aqua* instead of the Spanish "agua." Lastly, *Cloverport*, not "Cloverdale."

Yours truly,

Tar Springs, Ky. Jas. G. Hunt.

Materia Medica.

PROF. S. A. JONES, M. D., 'ANN ARBOR, MICHIGAN, EDITOR.

MATERIA MEDICA NOTES.

Editor of Materia Medica Department:—I send you a few scraps that you may or may not think worth adding to your collection.

You are aware, no doubt, that the Chimaphila umbellata is very similar to the Maculata, either of them being regarded according to the rude methods of eclectic and old schools, as a fit substitute for the other.

In regard to the Umbellata, I have somewhere read that it had caused atrophy of the mammæ and testes. Your more extensive reading may supply what my memory fails to give —the authority.

It has also, like several other things, had a popular reputation in scarlet fever.

I have made, from imperfect indications it is true, some satisfactory clinical use of both Umbellata and Rotundifolia, both, as you are aware, belonging to the genus Pyrola.

The Beccabunga I have neither used clinically nor had experience with it pathogenetically.

H. P. GATCHELL.

PYROLA ROTUNDIFOLIA.

(*Canker Lettuce—Pearleaf Wintergreen.*)

Proving. Seems to run all through the blood as a stimulant. Becomes partially unconscious, feels like fainting, as if brain paralyzed, mind gone. Whole system utterly relaxed, no strength, no vigor. Tongue feels stiff and thick in the middle, cannot raise it.

Pain over right eye. Sharp pain in right hypochondrium. Chills seem all over, flesh quivers. Feels drunk, and as if

stomach burnt up with liquor, as if hard, dry and tough, and as if rennet would be good for it.

Head heavy, feels as if would fall down on it. Feels like fainting again. Aching in vagina, as if labia inflamed.—Mouth dry. Hot flashes. Hollow teeth ache. Feeling of weight, as if in brain, along the brow. At first eyes clear, now they burn; lids feel sore. As if bowels sore and swollen on right side. Liver feels as if enlarged. Legs and arms weak. Nose runs. Feet burn. Stupid and sleepy. Burning in stomach. Melancholy. Continued to be drowsy, with very weak feeling in head.

Given on one occasion for hot flushes, it caused chilliness. Great weakness, especially of the arms. Could not sew.—Tired. Head weak. Shook with chills. Obliged to lie down. Felt like crying. Stomach weak; food sickens.—Sleepy. Mouth as if scalded. Feet very cold. As if weight on head, with throbbing on lying down.—*Gatchell.*

PEAR-LEAF WINTERGREEN.

Government and Virtues.—Wintergreen is under the dominion of Saturn, and is singularly a good wound herb, and an especial remedy for healing green wounds speedily—the green leaves being bruised and applied or the juice of them. A salve made of the green herb stamped, or the juice boiled with hog's lard, or with salad oil and wax, and some turpentine may be added to it, is a sovereign salve, and highly extolled by the Germans, who use it to heal all manner of sores. The herb boiled in wine and water, and given to them that have any inward ulcers in their kidneys, or neck of the bladder, doth wonderfully help them. It stays all fluxes, women's courses, and bleeding of wounds, and takes away any inflammations rising upon pains of the heart; it is no less helpful for foul ulcers, hard to be cured; and also for cankers or fistulas. The distilled water of the herb effectually performs the same things—*Culpepper.*

PYROLA ROTUNDIFOLIA.

Properties and Uses.—Round leaved Pyrola is tonic, astringent, diuretic, and anti-spasmodic. Used in decoction, both

internally and externally in various cutaneous eruptions, likewise in a carcinomatous or scrofulous taint of the system, and in leucorrhœa, and some uterine diseases. As a local application it will be found of service in sore throat, and ulcerations of the mouth, indolent ulcers, ophthalmia, etc., and forms an excellent soothing poultice for boils, carbuncles, and all painful tumors or swellings.

The decoction taken internally, is said to be valuable in many urinary affections, as gravel, hematuria, and ulceration of the bladder, and in some nervous diseases. The decoction and extract have been used with success in convulsions, and form a large portion of a popular nostrum for epilepsy.

Dose of the decoction, one or two fluid ounces, three or four times a day. Of the extract, from two to five grains—*King's Dispensatory.*

CHIMAPHILA (PYROLA) MACULATA.

Proving. Sensation of swelling in the arm-pits ; pain from armpits to scapulæ. Stinging in labia, as if boils there.—Sensation like that in armpits.

Dull, heavy pain in the whole front and top of the head.—good for mild, amiable patient. Thinks it would be adapted to scrofulous constitution.

Another Proving. Excitement of sexual system. Blood as if heated with prickling. Colic-like pains between the pubes and navel. Pain in and above the forehead. Pain in bones of forefinger. Sharp pains and heat in interior of head, unfitting for exertion. Needle-like pains in the sacrum. Similar pains in hip bone. Thinks it a very penetrating medicine.

Exceedingly hot, as if of blood boiling, but cannot sweat. Skin feels dry. Wants the head pressed. Right arm as if paralyzed. Very nervous, cannot bear anything at all. Hot, irritable, restless. Thinks diseased state of the blood irritates the skin, as before the eruption of erysipelas, scarlet fever, or measles. Itches terribly. Pain in the bowels. Headache with pain in the bowels. Feels as if the neck too small and tired, and that the medicine is adapted to refined, sensitive, intellectual persons.

After the colic pains a diarrhœa, not very weakening.—Limbs feel full as if distended; feeling like that from erysiplas. As if blood on fire. Bowels hard and swollen. Thinks the glands are swollen. Bowels very painful, sore and hard. Feels as if dropsy of abdomen. Followed next day by pains as in all the bones, and extreme gnawing hunger.—*Gatchell.*

CHIMAPHILA (PYROLA) UMBELLATA.

Properties and Uses.—Diuretic, tonic, alterative, and astringent. The fresh leaves when bruised and applied to the skin, act as vesicants and rubefacients. It is especially useful in scrofula, and chronic, rheumatic, and nephritic affections. The decoction alone has cured ascites, and has been advantageous in straguary, chronic gonorrhœa, and catarrh of the bladder; and as antilithic it is said to diminish lithic acid in the urine. In dropsy it cannot be depended upon without the use of other more active measures, and is better adapted to cases accompanied with weakness and loss of appetite. In urinary disorders it may be used as a substitute for the Uva Ursi, to which it is preferable on account of being less obnoxious to the stomach. In many cutaneous cases it has proved very efficacious.

Dose of the decoction, from one to four fluid ounces, three times a day;—of the extract, from ten to twenty grains, three or four times a day.

A syrup may be prepared by macerating four ounces of the finely bruised leaves in eight fluid ounces of water for thirty six hours, then subject the whole to percolation till a pint of fluid is obtained, evaporate to half-a-pint, and add twelve ounces of sugar. Dose one or two tablespoonsful.—*King's Dispensatory.*

BROOKLIME.

The V. Beccabunga is antiscorbutic, diuretic. febrifuge, and emmenagogue, and said to be beneficial in cases of obstructed menstruation, scurvy, fevers, and coughs. The decoction may be used freely.—*King's Dispensatory.*

Government and Virtues.—It is a hot and biting martial plant. Brooklime and water cresses are generally used together in diet drink, with other things serving to purge the blood and body from all ill humors that would destroy health, and are helpful in scurvy.

They do all provoke urine, and help to break the stone, and pass it away; they procure women's courses, and expel the dead child. Being fried with butter and vinegar, and applied warm, it helps all manner of tumors, swellings and inflammations.—*Culpepper.*

["Please, sir, more." When little Oliver Twist held his porringer he was not more earnestly esurient than we are—"*Please, sir, more.*"—S. A. J.]

EXTRACTS FROM CASES OF POISONING.

BY E. W. BERRIDGE, M. D., LONDON, ENGLAND.

CUPRUM. (From *London Med. Gaz., new series, 1844-5, vol i, p 828-9.*) By Mr. R. A. Stafford.

(1.) Margaret P., aged 68, admitted Dec. 13th, pricked her right thumb with a pin, which ran into the flesh about 1-8th inch. She often scoured out a dirty copper, and the thumb immediately swelled to double its natural size. Next day the whole hand and arm became immensely swollen and inflamed. She had great pains; fever came on, with quick pulse, thirst, and furred tongue; the inflammation rapidly spread in the cellular integument of the forearm, or on the humeral part; leeches, fomentations, poultices, etc., were applied, but extensive abscesses formed, both in the hand and arm—these were opened, but others appeared in different parts of the cellular integument, and under the fascia; large incisions were made in them, and a profuse discharge of pus followed.

This state of things remained for at least two months, when the inflammation of the arm gradually abated and the wound healed; but the hand, and more particularly the fingers, remained tumid, and more resembled the foot of an elephant, (or the disease called elephantiasis) than the natural limb.—

The fingers and back of the hand were œdematous, and it was necessary to make frequent punctures in them to let out the fluid which was transparent; abscesses still formed in the palm and wrist which were opened when necesssary—at length it became necessary to make an extensive incision from the middle of the forearm along the wrist, over the tendons, into the palm. From this time the swelling went down; and the wound discharged freely—after four month's treatment she got well, and ultimately will have a tolerably free use of the hand.

(2.) Hester J., aged 65, was admitted Jan 21, with abscesses in right hand, a diffuse cellular inflammation, extending a considerable way up forearm; both hand and arm were immensely swollen and painful—she says the copper wires of the brush she was using, which were "cankered," ran into her palm; on the same evening her hand was extremely painful, and she could not use it; it began to swell to nearly double its natural size; an abscess formed in the palm, which was opened and poultices applied; other swellings formed both on the back and palm of hand, containing pus; these, as fast as they occurred were opened, but sloughing took place over the tendons of the wrist, which were exposed. This state lasted two months—at length the wounds healed, and in March she was discharged cured.

ROTTEN POTATOES. (From *London Med. Gaz. New series, 1838-39, vol 2, p 816.*) Extracted from "Med. Zeit," and "Schmidt's Jahrbuch, May, 1839," Five persons had giddiness, headache, and vomiting, from the emanations from rotting potatoes.

CUPRUM—RICINUS COMMUNIS, AND AURUM. (From *London Med. Gaz, New series, 1840-1, vol ii, p 739.*) All these medicines have caused salivation.

CASTOREUM. (From *London Med. Gaz, New series, 1839-40, vol. 2, p. 952.*) Jorg's experiment briefly quoted. It caused eructations. Once it seemed to raise a thermometer laid

on the pit of the stomach one degree. (See Dr. Alexander's experiment.)

SERPENTARIA. (From *London. Med. Gaz.,New series,1839 -40, vol ii, pp 896, 952.*) Jorg's experiments. It is a stimulus to the intestinal canal, and its auxiliary organs, and favors congestion in the abdominal viscera. It does not promote mucous or glandular secretions, but rather the developement of air in the intestines. It causes congestion of the brain ; it accelerates the circulation ; it stimulates the urinary, and probably the genital organs ; it inflates the abdomen.

FORMICA. (From *London Med. Gaz., New series, 1839-40, vol ii, p 474.*) Remarks by Dr Schreiber from a Russian Medical Journal for 1838, as quoted in "Zeitschrift fur die Gesammte Medicin"—the ants are tied in a bag on the paralyzed limb ; the patient feels the running and biting of the ants, by which they gradually excite a kind of electrical twitches, and a feeling of warmth, which gradually extends over the whole body; also violent sweat.

NATRUM SULPHURICUM. (From *London Med. Gaz., New series, 1838-9, vol ii, p 573.*) An enema, containing 1 oz of Natr-sulph, given in a case of opium poisoning, caused slight colic.

SOLANUM DULCAMARA. (From *London Med. Gaz., New series, 1839-40, vol 1, p 904.*) Dr. Benjamin Phillips says,that daily doses of 1 1-2 pints of the decoction have caused in some cases of lepra, nausea, and headache.

VALERIAN. (From *London Med. Gaz.,New series, 1839-40, v. ii,, pp. 896, 952*)—Jorg's experiments. It inflates the bowels.

ASSAFŒTIDA. 1. (From *London Med. Gaz.,New series,1839-40, vol. ii., p. 953.*) Jorg's experiments. It is a stimulant to the alimentary canal, from mouth to anus, especially the upper part of the canal, i. e., to the end of the small intestines

It stimulates the brain, (probably a secondary effect, the result of stimulating the abdominal ganglia,) also the circulation, urinary and genital organs.

2. (From *Provincial Med. and Sur. Jour.*, 1843,vol.v. p.202.) An extract from *Caspar's Woschenschrift*, 1841, No. 51. Dr. Boas has noticed from Assafœtida plasters the following symptoms :—

In men, tumefaction of the scrotum often occurred. In women, tumefaction and even inflammation of the external labia. In the case of a woman aged 50, where the plasters had been applied to the abdomen, very troublesome inflammation of the external organs of generation occurred, and the mammæ became greatly enlarged, and furnished a milky secretion in considerable quantities.

LACTUCA. (From *London Med. Gaz.*, New series, 1839-49, vol. 1, p. 862.) By Dr. Fisher, from "Rust's Magazine," 53 Band., 1st Heft. Lactucarium quiets without, previously exciting,and produces sleep without insensibility, lessens the actlon of the heart, and produces a general tranquility throughout the whole constitution. In large doses it causes delirium without stimulating, diminution of nervous power, disturbance of the digestive functions, and vomiting.

SCAMMONY. (From *London Med. Gaz.*, New series,1839-40, vol. i, p. 828.) By Dr. Jonathan Osborne. Half-an-ounce of Scammony was treated with 10 parts of rectified spirits ; this tincture left an acrid sensation in pharynx. This tincture was evaporated, and the residue given as follows :—

1. In Rose D., (phthisis) four pills of 4 grains each, at intervals of 3 hours. Had two stools, one at night, the other in the morning. Slight tormina after first pill.

2. Bridget C., (ulcer of leg) took the same as the last ; one stool in the morning

3. The same patient took six pills as before. Stool commenced in seven hours after first pill.

4. Mary B., (hepatitis) took the same. It began to operate about six hours after the first pill ; nine stools during the night ; no griping, but slight nausea.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

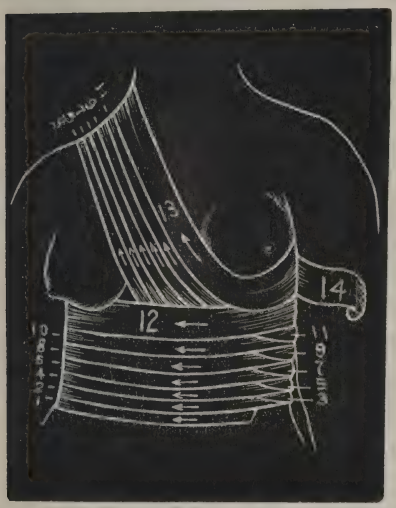
A MANUAL OF BANDAGING.*

CROSS OF ONE MAMMA.

Description.—This bandage is made from a roller, eight yards in length by two inches in width.

Application.—Place the initial end of the bandage, 1, below the diseased gland, the left for example, and confine by a horizontal circular turn about the body, 2. Continue on around the body till you come to a point below the diseased mamma, when you ascend obliquely across the chest to the opposite shoulder (the right in this case) thus finishing course 3. Course 4 is a horizontal circular turn about the body, in line of courses 1 and 2; whilst course 5 is similar to that of course 3. Continue on in the same manner till the bandage is exhausted, when you confine it by pinning, as usual.

FIG. 64.



Cross of One Mamma.

Uses.—As a "sling," or support for an inflamed breast; and also for exercising a compression upon the gland, when occassion may demand it.

TRIANGLE OF THE MAMMA.

Description.—This should be made from a triangle having a base one yard in length and a height of eighteen inches.

* Continued from page 40.

Application.—Placing the base of the triangle, A, at the xiphoid cartilage, carry one end obliquely up over the opposite shoulder, B, and the other end, B′, below the axilla of the diseased side, and tie them together at the back. The apex of the triangle, C, is then to be carried upwards over the shoulder of the diseased side, and confined to the extremities of the triangle, at the back.

FIG. 65.

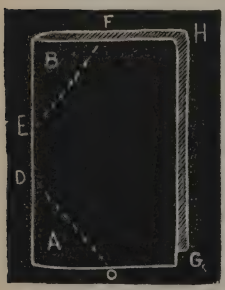
Triangle of the Mamma.

Uses.—Similar to the preceding; but it is more especially adapted, than it, for retaining cataplasms and other dressings to the gland, and the region about it. Is more easily applied than the above, and makes an excellent suspensory bandage for the mamma.

BOURSE OF THE MAMMA.

Description.—A piece of lint, ten inches in length and eight inches in width when folded at the centre. Cut then the folded corners A and B off by the dotted lines O–D, and E–F; stitch, then, the whole together from G to F; viz. G–O–D–E–F. This done, to each of the two corners at G, and the two at H, stitch a narrow strip sufficiently long to meet and tie, with its fellow, (the two inferior) about the body, and (the two superior) about the neck.

FIG. 66.



Application.—Introduce the diseased gland into the bourse A, carry the two ends, B and B′, around the neck, the one on one side, and the other upon the other, and confine them by tying. Conduct, now, the two inferior ends, C and C′, horizontally about the chest, and tie them either there, or, after crossing them, bring forwards and tie in front.

FIG. 67.

Bourse of the Mamma.

Uses.—As a suspensory of the gland in cases of hypertrophy, or

extreme flaccidity of the thoracic walls, or disease. Also useful in confining cataplasmata, or other dressings.

CROSS OF THE TWO MAMMÆ.

Description.—This bandage should be made from a roller, twelve yards in length by two inches in width.

Application.—Place the initial end midway between the lower extremity of the xiphoid cartilage and the umbilicus, and, going from right to left, confine it by a single horizontal turn, 2. Continue on in the same course, till you come to the right side of the chest when you mount obliquely upwards across the chest to the left shoulder, thus finishing course 3. Course 4 is a horizontal turn about the chest. Continue on about the body, horizontally, till you get to the left scapular region, when you mount obliquely upwards across the back, to the right side of the neck, and then descend obliquely downwards across the front of the chest, below the left mamma, thus finishing course 5. Course 6 is made similarly to course 3; course 7, to course 4; course 8, to course 5; course 9, to course 6; course 10, to course 7; course 11, to course 8; course 12, to course 9, and so on until the roller is exhausted, when you confine as usual.

FIG. 68

Cross of the Two Mammæ.

Uses.—In case of disease of both breasts where suspension is required; also for compression, and for retaining of dressings. It is not a very stable bandage, besides being open to the objection of cording the neck somewhat. For retaining topical dressings, or for suspension, the triangular mammary caps, see figure 65, would be preferable.

NOTE.—Mayor's system may be used in making this bimammary bandage by simply applying the Triangular Caps of the Mammæ, one to each gland; the two apices being confined as described upon

page 79, or else tied or pinned together. This would then be known as *The Bimammary Triangle.*

Two Bourses may also be employed; each being made and applied similarly to that one described upon pages 79 and 80.

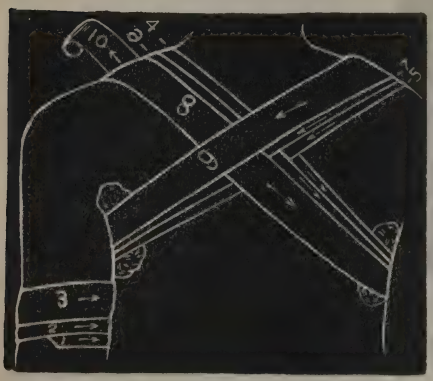
POSTERIOR FIGURE OF 8 OF THE SHOULDERS.

(The Posterior "Star" Bandage of the Old Authors.)

Description.—This bandage is made from a roller, eight yards in length by two inches in width.

Application.—Place the initial end, 1, at the middle and posterior part of the left arm. Confine it by two circular turns about the arm, 2 and 3. Continue on in the same course till you reach the anterior surface of the arm, when you ascend obliquely across the axilla and chest to the left side of the neck; from here you descend obliquely across the back, to and beneath the right axilla, thus finishing course 4. Carry the roller under this axilla up to the top of the same shoulder, and obliquely down across the back to the left axilla, thus finishing course 5. Course 6 is made similarly to course 4; course 7, to course 5; course 8, to course 6; course 9, to course 7, and so on until the bandage is exhausted, when you confine as usual.

FIG. 96.



Posterior Figure of 8 of the Shoulders.

Uses.—For retaining dressings upon either the anterior or posterior surface of the chest; for fixing the shoulders backward in case of burns of the chest, or backward displacement of the sternal end of the clavicle, and also for assisting in holding in coäptation the ends of a broken clavicle, or clavicles. Also of use in luxations of the acromial end of the clavicle. It is necessary to have considerable cotton-wool, or some like substance, in the axillæ, in order to guard against chafing of the parts.

SIMPLE DORSAL BIAXILLARY CRAVAT.

Description.—This bandage is made from a cravat one and one-half yards in length.

Application.—Place the middle of the cravat across the interclavicular space, A. Carry one extremity down below one axilla, the right for example, and up over the same shoulder, B. Carry the other extremity up over the other shoulder, B′, down in front of and beneath the same axilla, at last confine it to the other extremity, after you have sufficiently extended the shoulders backwards.

FIG. 70.

Simple Dorsal Biaxillary Cravat.

Uses.—This bandage of Mayor takes the place of the preceding, and may be preferred to it for its simplicity.

COMPOUND DORSAL BIAXILLARY CRAVAT.

Description.—I. A cravat one yard in length.

II. Another cravat two feet in length.

Application.—Tie the shortest cravat about one of the shoulders, the left for example, as at A. Now place the center of the other cravat in front of the opposite axilla (the right in this case), and carry one end up over the same shoulder (the right) and the other beneath the same axilla, to the back. Carry, now, the superior extremity through the noose formed by the cravat first applied; then twist the other extremity about this one, as at B and C, and finally tie, as at D.

FIG. 71.

Compound Dorsal Biaxillary Cravat.

Uses.—The same as the Simple Dorsal Biaxillary Cravat, and

the Posterior Figure of 8 of the Shoulders. This is a very powerful bandage, and the arm-pits need to be well padded.

Variety.—Take three cravats, two of them being, each, about two feet in length, the remaining one something short of this. Tie one about each shoulder. Then tie the third one through the nooses formed by the first two, so as to bring the two together at the back, thus taking the place of the single noose, B, C, D, of the preceding cut. If there is danger of either of these bandages slipping from the shoulder, a cravat might be tied across the breast, from one to the other, similar to that at the back, thus effectually preventing such a mischance.

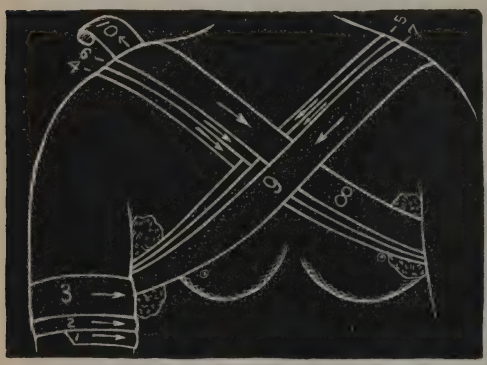
ANTERIOR FIGURE OF 8 OF THE SHOULDERS.

(Anterior "Star" Bandage.)

Description.—This bandage should be eight yards in length by two inches in width.

Application.—Place the initial end, 1, at the front of the middle of the right arm, and confine by two horizontal circular turns, 2 and 3. Continue on in the same course, till you reach the posterior surface of the arm, when you mount up over the shoulder of the same side and cross diagonally downwards to the left axilla, thus finishing course 4. Pass the roller-head beneath this axilla, and over the same shoulder, and diagonally down across the front of the chest to the right axilla, thus finishing course 5. Conduct the bandage under this (the right) axilla, and then upon the right shoulder, and diagonally down across the front of the breast to the left axilla, thus completing course 6. Course 7 is made similarly to course 5; course 8,

FIG. 72.



Anterior Figure of 8 of the Shoulders.

to course 6; course 9, to course 7, and so on. At last exhaust the bandage, and confine either by pinning or stitching.

Uses.—In cases of fractures of the sternum, or separation of the sternal cartilages; also in cases of burns on the interscapular regions, when vicious cicatrization is to be feared. Might be of use in some clavicular dislocations. As in all of the axillary bandages, this one needs a thorough protection of the axillæ by cotton-wool in order to prevent chafing of the parts, especially the posterior portion.

SIMPLE STERNAL BIAXILLARY CRAVAT.

Description.—This bandage is made from a cravat one and one-half yards in length.

Application.—The opposite to that of the Dorsal Cravat, described upon page 82, this one being applied across the chest.

Uses.—Similar to those for which the preceding is employed.

COMPOUND STERNAL BIAXILARY CRAVAT.

Description.—Two cravats, one one yard in length, the other two feet in length.

Application.—Opposite to that of the Compound Dorsal Biaxillary Cravat, described upon page 85. This one being applied across the chest.

Uses.—Same as the Anterior Figure of 8 of the Shoulders.

Variety.—Prepare three cravats, two of them being two feet in length, the third one not quite so long. After tying one of the two-feet ones about each shoulder, tie the remaining one into the nooses formed by the other two, across the front of the chest. A fourth cravat is now necessary to prevent those fastened about the shoulders from slipping forwards and off these parts, and is tied to them across the back.

BANDAGES OF THE LOWER ERTREMITY.

SPIRAL OF ONE TOE.

Description.—This should be made from a roller four feet in length by three-quarters of an inch in width.

Application.—This is so similar to that of the Spiral of One Finger, described upon page 54, figure 39, that no further discussion is necessary.

Uses.—For injuries of the toes similar to those of the fingers, for which the spiral is thus used.

FIGURE OF 8 OF ONE TOE.

(Spica of the Toe.)

Description.—This bandage should be made from a roller, two yards in length by three-quarters of an inch in width.

Application.—Similar to that of the Figure of 8 of the Thumb and Wrist, or Spica of the Thumb. See figure 40, page 55.

Uses.—Of a similar use to that of the Spica of the Thumb.

DOUBLE T OF THE TOES AND ANKLE.

Description, Application and Uses are so similar to the Double T of the Back of the Hand and Wrist, that a reference to it, figures 42 and 43, pages 57 and 58, will be sufficient for its application to the foot.

SPIRAL OF ALL THE TOES.

(Gauntlet of the Foot.)

Description.—This bandage should be ten yards in length by three-quarters of one inch in width.

Application.—Similar to the Gauntlet of the Hand. See figure 47, page 61.

Uses.—Similar to those of the Spiral of All the Fingers, just referred to, only in diseases or injuries of the foot.

FIGURE OF 8 OF THE FOOT AND ANKLE.

Description.—This should be a roller two and a half yards in length by one and three-quarter inches in width.

Application.—Place the initial end, 1, at the front of the leg, a few fingers' breadth above the ankle, and confine it by the horizontal circular turn, 2. Continue on in the same course till you come to the inner malleolus again, supposing it to be the left foot that you are dressing, when you descend obliquely across the dorsum of the foot to the fifth metatarsus, thus completing course 3. Make, then, a circular turn about the metatarsal bones (course 4), coming obliquely across the dorsum of the foot, from within outwards, to the outer malleolus, thus completing course 5. Course 6 is made similarly to course 3, course 7 to course 5, and so on. At last exhaust the bandage by circular turns about the lower portion of the leg, and confine in the ordinary way.

FIG. 73.

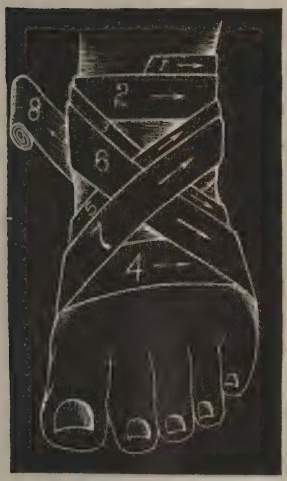


Figure of 8 of the Foot and Ankle.

Uses.—For confining dressings either to the dorsum of the foot, or to the surface contiguous to the malleoli. Also for compression, after venesection from one of the dorsal veins of the foot; a graduated compress would be necessary in this case.

SPIRAL OF THE FOOT.

This bandage is but a part of the Spiral of the Inferior Extremity, and will be sufficiently described when we come to treat of that dressing.

TRIANGLE OF THE FOOT.

Description.—A triangle with a base two feet in length and a height of ten inches.

Application.—Place the base of the triangle obliquely across the front of the ankle, A, and carry the superior end, B, around the lower part of the leg, and confine. Conduct the inferior extremity about the metatarso-phalangeal bones and pin, as at C′. Then conduct the apex of the bandage about the heel, and pin as at C.

FIG. 74.

Triangle of the Foot.

Uses.—To confine dressings either to the dorsum or the sole of the foot, to either of the malleoli, or regions adjacent, or to the calcanean region, or the lower part of the leg.

FOUR-TAILED BANDAGE OF THE INSTEP.

(Sling of the Instep.)

Description.—This should be a strip of cloth, eighteen inches in length, and four inches, or more, in width, cut to a four-tailed bandage, as seen in the compress of four heads (figure 4).

Application.—Place the centre of the bandage at the instep, and carry the two superior ends around the lower part of the leg and tie them; then carry the two inferior ends around the tarsal portion of the foot, and tie also.

Uses.—To confine cataplasmata, and other dressings, to the instep, lower front portion of the leg, and the tarsus.

FOUR-TAILED BANDAGE OF THE HEEL.

(Sling of the Heel.)

Description.—This should be eighteen inches in length and four or more in width, and torn to a four-tailed bandage.

Application.—Place the body of the bandage at the heel and

carry the two superior ends around the lower portion of the leg, and confine. The two inferior ends are then to be carried about the tarsus, and also tied.

Uses.—To confine dressings to the calcanean region.

SHEATH OF THE FOOT.

Instead of the more elaborate bandage proposed by some surgeons, an equally efficacious bandage, and certainly easier obtained, is a common "*stocking.*" Is used as a retainer of cataplasmata to the toes or foot.

POSTERIOR FIGURE OF 8 OF THE KNEE.

Description.—The roller should be four yards in length by one and three-quarter inches in width.

FIG. 75.

Posterior Figure of 8 of the Knee.

Application.—Placing the initial end of the bandage, 1, at a point somewhat above the popliteal space, confine it by a horizontal turn of the bandage, 2. Continue on in the same direction, passing over the front of the thigh, till you come nearly to the posterior surface again, where you descend, obliquely, across the popliteal space to the opposite border, thus finishing course 3. Course 4 is a horizontal turn about the upper part of the leg; while course 5 ascends obliquely across the popliteal space to the opposite lateral border. Course 6 is in line of course 3; course 7, of course 5, and so on. Having exhausted the bandage, after covering in the popliteal space, confine in the ordinary way.

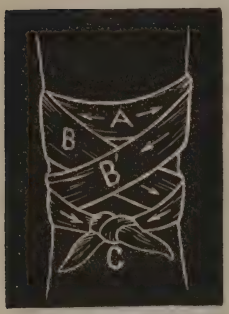
Uses.—To confine dressings to the popliteal space; or, with the aid of a graduated compress, to exercise compression upon an aneurism at this point.

THE POPLITEAL CRAVAT.

Description.—A cravat some four feet in length.

Application.—Place the centre of the cravat, A, at a point just above the popliteal space, and carry the two ends horizontally forwards about the thigh; cross them, and descend obliquely across the space, B, B′, crossing one above the other there; carry them now horizontally forwards about the upper portion of the leg, crossing them below the patella, to conduct them to the posterior surface of the leg, confining by tying, as at C.

FIG. 76.



The Popliteal Cravat.

Uses.—This bandage fulfils the same indications as the above.

ANTERIOR FIGURE OF 8 OF THE KNEE.

Description.—A roller, four yards in length by one and three-quarter inches in width.

Application.—Essentially the same as that of the Posterior Figure of 8 described upon page 89, only remembering that it is to he anterior surface of the limb that you are applying the bandage.

Uses.—To aid in supporting the patella, when fractured; to compress an effusion into the joint, and confine various dressings thereon.

CRAVAT OF THE KNEE.

Description.—A cravat some four feet in length.

Application.—Place the centre of the cravat, A, see figure 76, page 90, above the patella, and carry the two extremities backwards and cross them, and so bring diagonally down across the front of the patella, in a measure similar to that seen in The Popliteal Cravat just referred to. The other courses of the bandage are made similarly to the corresponding courses of this popliteal dressing.

Uses.—As an approximator of the fragments of a fractured patella, and for "steadying" the motions of the joint, or confining loose dressings thereon.

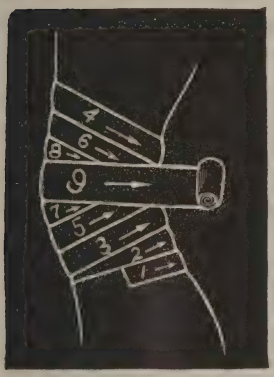
TESTUDO OF THE KNEE.

(Roller Cap of the Knee.)

Description.—A roller eight feet in length by one and three-quarter inches in width.

Application.—Place the initial end of the bandage, 1, below the patella, and confine by a single circular turn, 2. Continue on in the same course with the bandage, making an ascending spiral course for turn 3. The roller-head is now carried upwards across the popliteal space, above the femuric condyles, and made to take the descending spiral course 4, to finish this turn of the bandage. It is then carried downwards across the popliteal space, so as to be in readiness to make the ascending spiral course 5. Course 6 is made similarly to course 4; course 7, to course 5, and so on, gradually "drawing in" the bandage till the patella is entirely covered, when you either confine, or else go on to finish the bandage as a spiral of the thigh.

FIG. 77.



Testudo of the Knee.

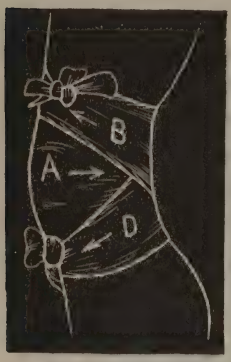
Uses.—To confine dressings about the knee-joint, to exercise compression thereon in cases of synovitis, or to steady the joint and prevent motion in cases of other injuries of the leg. Is frequently made use of in the Spiral of the Inferior Extremity when covering in the knee-joint.

Variety.—Instead of the alternate upward and downward spiral courses being used, a bandage, fulfilling the indications of the above, may be made by the use of continued ascending spirals about the member. This is the form most generally made use of in applying the Spiral of the Inferior Extremity, and is seen in the figure of that bandage on a following page. It is known as *The Spiral of the Knee.*

FOUR-TAILED BANDAGE OF THE KNEE.

Description.—A strip of linen or cotton, from eight to ten inches in width, and one yard in length. Each end to be torn back (at its centre) to within eight inches of the middle of the bandage.

FIG. 78.



Four-tailed Bandage of the Knee.

Application.—Place the plane of the bandage, A, over the patella, and carry the superior ends of the bandage around the lower part of the thigh, crossing them to remount the member, B, to tie in front. Then conduct the two inferior extremities in a similar manner about the upper portion of the leg, D, to finally confine by tying below the patella.

Uses.—To confine cataplasmata or vesicants upon the patellar region. It can also be made use of to approximate the patellar fragments, when the bone is fractured, or, with the aid of compresses, to exercise compression, in cases of chronic synovitis.

SIMPLE SPIRAL OF THE LEG.

Description.—This bandage is made from a roller four yards in length by two inches in width.

Application.—Beginning at the ankle, make a simple circular turn about the member, thus confining the initial end of the bandage. Then continue the turns of the bandage spirally about the member (omitting the reverses) as seen in turns 15, 16 and 17 of the figure accompanying the Spiral of the Inferior Extremity. At last confine as usual.

Uses.—For maintaining pressure upon the parts covered, or for retaining dressings thereon. Is not a very stable bandage should the musculi gastrocnemius et soleus be well developed.

Variety.—This bandage may be applied to the thigh; it then becomes *The Simple Spiral of the Thigh.* The starting point, in this case, being at the knee.

REVERSED SPIRAL OF THE LEG.

Description.—A roller eight feet in length by two inches in width.

Application.—This is but a part of the bandage described under the head of The Reversed Spiral of the Inferior Extremity, and will be sufficiently described when treating of that bandage. See figure on succeeding page.

Uses.—This makes a very stable sort of dressing, and is to be employed, in most cases, in preference to the preceding bandage.

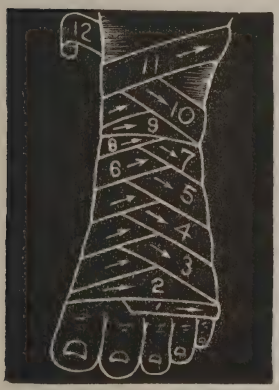
Variety.—This bandage may be equally well applied upon the thigh, starting at the knee. It is then known as *The Reversed Spiral of the Thigh.*

THE FIGURE OF 8 SPIRAL OF THE EXTREMITIES.

Description.—This bandage is a *double* spiral, and needs for its application a roller bandage ten yards in length by two inches in width.

Application.—Place the initial end at the roots of the toes, confining by a single spiral turn about the foot, and cover the foot as in the Spiral of the Inferior Extremity, by reverses and figures of 8. Having reached the leg, one turn and a half is made before a reverse is used. Thus the reverse is employed on the second turn of an ordinary spiral instead of upon the first, as in the simple spiral with reverses. This process of reversing upon each second turn from the last reversement is pursued up the entire limb. Hence, course 9 is a simple spiral, whilst course 10 is a spiral with a *reverse.* Course 11 is completed as an upward spiral about the limb, with *no reverse*, whilst course 12 would be a reversed spiral, coming from above downwards, across the front of the limb. Course 13 is similar to course

FIG. 79.



The Figure of 8 Spiral of the Extremities.

11; course 14, to course 12, and so on until the bandage is exhausted. This makes, then, a Figure of 8 Spiral of the Extremities with *alternate* reverses.

Uses.—Similar to those for which the Simple and the Reversed Spirals are employed, and may be used on either the upper or lower extremity. It makes a very secure method of dressing, and gains this advantage through this fact: that the superficial courses (the reversed ones) rest upon cloth, and *not* upon the slippery integument, as in the case of the other bandages. The same advantage might be gained by covering an ordinary spiral with a second bandage,—an ordinary Reversed Spiral.

This variety of the spiral bandages is especially useful in plaster-of-Paris, starch, or other so-called immovable dressings; also in fractures, or other cases where extension is demanded, and where a long interim between dressings is desirable.

Variety.—If the bandage is composed of very extensible material, as very thinly woven flannel, so as to be easily "moulded to a part," it may be made throughout *without a single reverse.* Each course of the bandage would then be a single figure of 8 about the limb; thus, turns 7 and 8 would be simple circles of the limb; turn 9, an *upward* spiral, turn 10, a *downward* spiral, turn 11, an upward spiral again, overlapping turn 9; turn 12, a downward spiral, overlapping turn 10, and so on until the limb is sufficiently encompassed.

FIG. 80

Figure of 8 Bandage of the Extremities.

This also makes quite a firm dressing, as the superficial courses of the bandage rest upon flannel, and not upon the integument. It is used in cases similar to the preceding. It is known as the *Figure of 8 Bandage of the Extremities*, and can be applied, as its name indicates, to either the arm or leg.

Physiology.

SCIENCE OR NESCIENCE?

The Science of "The British Association for the Advancement of Science," as expounded by their Ex-President, Prof. Huxley, in his Address at Belfast, August 25th, 1874.

A REVIEW BY JAMES LILLIE, M. D., D. D.

The August No. of Appleton's "Popular Science Monthly," of which Dr. Youmans is editor, tells us:—"The great feature of the Magazine is—that its contents are not what science *was* ten years more or less since, but what science *is* to-day fresh from the study, laboratory and experiment, clothed in the language of its authors, inventors, and scientists, which" (who?) "comprise the leading minds of England, France, Germany, and the United States. Among popular articles covering the whole range of natural science, we have the latest thoughts and words of Herbert Spencer, and Professors Huxley and Tyndall," &c.

These words seem to assume, that what was science ten years since may not be science now, that the scientists of England, etc., are now making science for the world; that they are leading minds, and that what we have to do, is to shut our eyes, and follow whithersoever they call us. We demur to all this. Science is certain knowledge, and what was science ten years since must be science to-day, and must be science a hundred years hence, if the laws of nature remain unchanged,

Those who are here cried up as *leading* minds, may be *misleaders*, and, unless carefully watched, may land us into a ditch. Whatever Dr. Youmans may fancy, we have eyes, and mean to use them, and without particularly concerning ourselves now, with most of those "*leading* minds," we propose to ex-

amine, with some care, what Professor Huxley taught at Belfast, (Ireland,) last year about the physiology and fancies of Renè Descartes.

We have already, elsewhere,* noticed Mr. Tyndall's address at the same place and on the same occasion. At present we limit our attention to Mr. Huxley's much shorter manifesto. Though this distinguished gentleman, is, as it seems merely a Bachelor of Medicine, and no *Doctor* thereof, and therefore, *technically* not entitled to *teach* Physiology, the greatest and most difficult of all the sciences which combine their beams to form a complete physician, yet there is perhaps no man more frequent in his discourses on physiology, or one who commands a more numerous and admiring audience.

There is nothing to complain of in this, provided Mr. Huxley's lessons are really scientific. Though he were not even a Bachelor of Medicine, if he can effectively teach all that is known of the wonderful science of Life, and especially extend the boundaries of the science, he is well entitled to all the credit he enjoys; unless he abuses that credit to subvert the foundations of morality and religion, by denying the existence and government of the living God.

In 1870, Mr. Huxley published a volume of Lay Sermons, &c., containing (p. 288) these words: "Matter and force are the two names of the one artist who fashions the living as well as the lifeless." If he can prove this; if our Maker, "God," is not "a Spirit," Jesus Christ was mistaken. Christians have no Savior. We are orphans dying in a wilderness. Jean Paul's horrible dream is realized. We have no "Father in Heaven." But he, Thomas H. Huxley, has *not* proved it. He never tried to prove it. He asserts it; vociferates it in every variety of phrase, and it is clear he finds fools enough —influential fools too—who have much of the patronage of Britain in their hands, who implicitly believe him. Nay, Christians, by some spell, are banded with materialists to exalt this man. All the glory of the British Association for the Advancement of Science beams from his brow. And surely

* *Christian Quarterly*, April, 1875.

he knows it. "He speaks with authority." No wonder Dr. Youmans fancies his, Huxley's word makes science.

In presence of such a personage, humble unknown persons like us are apt to feel confused. We wish to know something of his antecedents. We ask how he was trained that "he is grown so great." We learn from a notice (probably in part furnished, and entirely sanctioned, by himself,) of two columns (Hufeland is allowed but a quarter as much,) that Mr. Huxley first was heard of of by detecting "the layer in the root-sheath of hair, *which has since borne his name.*" Having been then sent as assistant surgeon on a 4 years' cruise in the South Pacific, he carefully studied the anatomy of the Medusæ family of Zoophites. Such minute investigations of the lowest forms of animal organization are worthy of all admiration and acceptance, when these lowly creatures awaken our admiring gratitude of their Creator, and of ourselves, who has made us so much "better than they." Pity it is, that Mr. Huxley should be toiling incessantly to rob his humble discoveries of all their Divine glory, if made by a Haller, or even a Hartley.

Richard Baxter tells us of a man, who, when he saw a toad by the way side, thanked God, with tears, who had made him a man. During the four years that Mr. Huxley was dissecting the *stinging nettles* of the Pacific, he, probably knew nothing of such humble, melting piety. It is mournful to think, that all the use he made of his science since he returned to England has been to try to laugh such piety out of the world.

One great excellence Mr. Huxley's address possesses over Mr. Tyndall's, it is but about one-third as long. We will not, however, venture to assert, that it contains, proportionately, but one-third as many mistakes, as we detected in the longer oration.

It seems hard to tell what Mr. Huxley really intended by his lucubrations. He first informs us he "proposed to trace the progress of biological science from the middle of the 17th to the middle of the 18th century." But before he reaches the middle of his lecture, he declares "the main subject of his

present discourse to be the automatism of brutes." Grasping at so much, and busying himself with so little, it is not wonderful that he fails in both.

Instead of observing his own limitations, viz: the middles of 17th and the 18th centuries, he makes Descartes almost the exclusive subject of his discourse, who was born toward the close of the 16th century, and died exactly in the middle of the 17th; whereas, Albert Haller, styled by competent authority "The Father of Modern Physiology," and pronounced by Bichat "the most exact and judicious of all physiologists," who flourished long before the middle of the 18th century, as well as many years after it, is mentioned but twice, and that in a cursory, if not slighting way.

But what is still more extraordinary, is the fact, that Descartes, the subject of Mr. Huxley's enthusiastic admiration, is diametrically and fundamentally opposed to Mr. Huxley's philosophy. As it universally known, Descartes founds *his* philosophy on the grand distinction between Matter and Spirit; while Mr. Huxley loudly denies such a distinction;—insisting that "Matter and Force, are the two-fold name for the one artist, who fashions all that lives and all that is lifeless."

The inference is, at all events, highly probable, that if Descartes is, what Mr. Huxley proclaims, a physiologist equal to the discoverer of the circulation of the blood, then Mr. Huxley's physiological pretensions must be of a very slender character. Let us now see whether this probability is not an absolute certainty.

To give distinctness to the discussion, we will examine the following queries:—

I.—Whether Mr. Huxley's philosophy *is* really science at all, and not rather *Nescience?*

II.—Whether he does not totally misread, and therefore mistake, the physiology of Descartes?

III.—Whether his wrangle about the automatism of brutes is not an impertinence?

IV.—Whether his vaunted doctrine of "Evolution" *evolves* anything but the most flagrant absurdity? and

V.—Whether his concluding warning and menace to his antagonists, is anything better than shameless audacity?

After calmly considering these five queries, the conclusions to be drawn from the whole discussion need not detain us long.

I.—Let us consider whether Mr. Huxley's physiology *is* science at all, and not rather *Nescience?*

"Vital phenomena," says Mr. Huxley, "like all other phenomena of the physical world, are capable of mechanical explanation; they are reducible to law and order; and the study of biology, in the long run, is an application of the great sciences of physics and chemistry. The man to whom we are indebted for bringing that idea into a plain and tangible shape, I am proud to say, was an Englishman—William Harvey. Harvey was the first clearly to explain the circulation of the blood."

1. The first question we ask in connection with this, is: If such glory belongs to the name of Harvey, as "the first who clearly explained the circulation of the blood," how comes it that Mr. Huxley is silent about the glory of the *Maker* of the mechanism? Surely there is no comparison between the honor of understanding a fine machine, and the glory of making it. Mr. Huxley says, that matter made Harvey himself as well as his heart.

Is it science to talk so? Or is it *nescience?* Who ever knew mere matter whether water, air, or earth *making* a machine? Add as much force as you please to the water—let it be Niagara itself—will a human heart ever come forth from its roar? Can *it* set the valves which revealed to Harvey the nature of the machine? Is there any intelligence in its resistless fall? Does it know either itself, or the wondering spectator who gazes upon it? Yet, is not this substantially what Huxley says, when he asserts that matter makes "all things living or lifeless"? Is *he* a *scientist* for saying so, or a *nescientist?* How strange is it that Mr. Huxley should be proud of belonging to the nation that produced William Harvey, and so blind and silent about the infinitely higher honor of carrying in his bo-

som that Divine machine that keeps him alive night and day, sleeping or waking; and whose ceaseless movements enable him to utter his Belfast oration, and formed the condition of all the honor he ever acquired. And if he is so touched with the glory of being an Englishman, as Harvey was, why is he so dumb, nay worse than dumb, about the infinitely greater glory of being a son of God ("for we are all HIS offspring")? Is such silence *science?* Is not such talk as this Belfast harangue something worse than *nescience?*

Mr. Huxley seems altogether unconscious, that in asserting the mechanism of the circulation, he is, so far, merely repeating Paley's "Natural Theology." We say *so far;* for Paley was too wise a man to believe that the circulation of the blood was *simply* mechanical. He was an admirer of John Hunter whose doctrine Thomas H. Huxley seems never to have heard of, though he actually filled the chair of Comparative Anatomy which the great physiologist established in connection with that unrivalled museum which perpetuates his name.—While, therefore, Paley insists on the mechanism of the heart, he never forgets the all important fact that it is a living machine, and must have had a living and All-wise Maker. Of course no one dreams of denying what Mr. Huxley makes so much of, that the contraction of the ventricles drives the blood into the arteries; but *why* do the ventricles contract? Our scientist allows it is owing to the "irritability of the nerves." But there he stops. Now he cannot stop there. We say, that irritability is a *vital* property. When life leaves the heart its irritability and contractility are gone, though the mere mechanism in the venticles and valves is as complete as before.

It is therefore, blind dogmatism for Mr. Huxley to insist that the circulation of the heart is mechanical; it is *mainly vital.* Now whence does the heart get its vitality? Not surely from mere matter. Who can bring a living thing out of a dead one? Besides it must not be forgotten that the blood lives as well as the heart. This great truth had been forgotten in England, when John Hunter came from Scotland to teach Physiology in London. It had been taught there more

than a hundred years before, by the discoverer of the circulation of the blood; but the lesson had fallen out of mind, as seems to be the case now both in England and America.

When Hunter revived the doctrine of Harvey and Aristotle, he seems to have believed that it was originated by himself; for he had not the benefit of a classical education, and seems to have been equally a stranger to the Greek of Aristotle and the Latin of Harvey. He ought, however, to have remembered the Divine word to Noah.

The ignorance in which Hunter found the medical world of London on the subject of the life of the blood, and which he victoriously fought against for over thirty years, seems to have settled down once more on Britain as well as the United States. Dalton, of New York, like Huxley, speaks of the contraction of the left ventricle as the cause of the motion of the blood, as if the flow of the *living* current, were just like the flow of dead water under the pressure of the piston of a pump. Dr. Dalton does not venture any more than Professor Huxley, in so many words to deny the life of the blood.—They both ignore it; though even the latter finds it impossible to teach physiology without it. In his "Lessons on Physiology," p. 81, he tells his pupils:—"It is absolutely essential to the life of every part of the body, that it should be in relation with a current of blood."

The heart is a most essential part of the body; and of course, it "is essential" to its life, that it should be "in relation with the blood." The blood then must be a living fluid feeding out life, not only to every limb, but to the heart itself. Accordingly, Mr. Huxley is compelled to allow that the "*vivifying influence*" of the blood "*depends on the corpuscles of the blood.*" But how could the corpuscles "*vivify*"; that is *make alive*, if the corpuscles themselves were not *living?* But that was not the science professed by Mr. Huxley at Belfast; while crying up the glory of Harvey, he spoke as if the blood was a dead fluid, and thus denied not merely the doctrine of Moses, that "the blood was the life," but of Harvey also.

But what was most extraordinary was that Harvey's immortal discovery was perverted at Belfast into an occasion of

subverting the very foundations of Physiology. Harvey, it seems, led the world to understand that "vital phenomena like all other phenomena of the physical world, are capable of mechanical explanation, and that the study of biology, "(physiology)" in the long run, is an application of the great sciences of physics and chemistry." Is this science, or is it *nescience?* Is it not a subversion of the foundations of physiology? Does it not imply that the "scientist" who uttered it, has no distinct idea of either physics, chemistry or physiology?

The drift of our queries will appear by a quotation from Bichat's "General Anatomy." I translate the first paragraph of that immortal work —

"There are in nature two classes of being, two classes of properties, two classes of sciences. Beings are organic, or inorganic; properties vital or non-vital; sciences physiological or physical. Animals and vegetables are organic. What we call minerals are inorganic. Sensibility and contractility; these are vital properties. Gravity, affinity, elasticity, &c.; these ate non-vital properties. Animal physiology, vegetable physiology, medicine, are physiological sciences. Astronomy, physics, chemistry, &c.; these are physical sciences."

Again at page liv., vol. 1, we read—"The phenomena of physics and physiology being so different, these sciences, themselves, most essentially differ, ... it is nonsense to mingle them." This nonsense is Mr. Huxley's science at Belfast. I call it nescience. Bold as he is, he will hardly set the authority of Bichat at defiance. He, himself speaks of "the time of Bichat," thus making it an epoch in science.

But it is not Bichat alone who was contradicted at Belfast. The two greatest physiologists of the 18th century who preceded Bichat, (I refer to Haller and John Hunter) are equally set at naught. "The illustrious physiologist of Helvetia," as Bichat styles Haller, is quoted by the eloquent and truly learned Martyn Paine, my revered master and friend, in these words: "It is stated by this illustrious and accurate observer," that, "although there may be some rare signs of an acid in the stomach, it does not therefore become us to suppose

that food is animalized by a chemical process; much less to compare this process with the action of an acid."—["Institutes of Medicine."

John Hunter is also quoted by Professor Paine, thus: "Digestion is an assimilating process. It is a species of generation; but the curious circumstance about it is, its converting both vegetable and animal matter into the same kind of substance or compound, which no chemical process can effect.—Those who took it up *chemically, being ignorant of the principles of animal economy*, have erroneously referred the operations of the animal machine to chemistry."—[Inst's. 131.—This "ignorance of the principle of animal economy" denounced by Hunter a century since, is shown by Mr. Huxley in the following passage of his "Elementary Lessons of Physiology," pp. 167, 168:—

"If meat is cut into small pieces, with hard boiled egg and acidulated water, in which a piece of mucous membrane, containing the peptic glands has been put, and the mixture is kept at a temperature of about 100 degrees, in a few hours the egg is dissolved, and the meat becomes a pulp;" and he asserts that "this artificial digestion has been proved by experiment, to be precisely the same operation, as when the food undergoes natural digestion in the stomach of an animal."

Now we demand when and where has this been proved?—We should like to see the proof. We maintain the proof is simply impossible. For, the vessel in which his chemical experiment is performed is not living but dead; and the process is not a living process but a dead one. Whereas, the stomach, in which the digestion is performed, is a living organ, and the process which goes on there is a living process. The processes instead of being the same are as different as life and death. Unconsciously no doubt, Mr. Huxley proves this himself in the context where he says: "When the food passes into the stomach, the contractions of that organ roll it about and mix it thoroughly with the gastric juice." Are there any any such contractions in his gallipot? Does he call it an

organ! He may indeed, shake his gallipot and whip its contents with a spoon; but whip and shake as long as he pleases, he will never shake or whip life either into the vessel, or the pulp which it holds. These motions are merely mechanical. The contractions of the stomach, which roll the food about, are living, and impart life to the food on passage through the thoracic duct to the great vein at the root of the neck where it feeds the living blood. To do that, the lymph, the transformed food, must itself be living. Is Mr. Huxley's pulp in the gallipot, *lymph?* Nay, verily! Before it can become such he must swollow it, and allow his stomach to roll it about, and put life into it. Then, not before, will it feed his living blood.

Now though Mr. Huxley ventured to tell his hearers at Belfast, that it had "been the business of his life to be more or less acquainted with physiology," it seems certain, if Baron Haller, "The Father of Modern Physiology"; if John Hunter, the Founder of the Hunterian Museum, and author of the "Treatise on the Blood"; and if Xavier Bichat, who wrote the "Anatomie Generale." I say *if* these three great luminaries of the 18th century, equalled by none who have followed in the 19th, understood the business of *their* lives, then Thomas H. Huxley had *not* learned the business of *his* life when he spoke at Belfast in 1874.

The truth of this will appear still more clearly when we consider what is asserted (p. 168) in the "Elementary Lessons of Physiology"—"that the passage of food into the blood is a physical operation." If by "physical," is merely meant *natural*, the assertion is unmeaning tautology, inasmuch as every operation in nature must be natural.

A plant cut down, rests in the place where it falls motionless and dead. Gravitation operates alone. But before the plant was cut down, gravitation was controlled by *life*. Now both these results, the rest of the plant after it was cut and its motion upward when alive, were physical results; still, they they were as different as life and death. It is, therefore, mere equivocation to call the passage of the chyle into the jugular

vein a physical operation; it is properly and essentially, a vital operation, just as the ascent of the living plant before it was cut down and life was extinguished, was a living operation. The chyle runs up the thoracic duct because it is a living fluid in a living tube, and is thereby fitted to maintain life in the blood which it feeds. How extraordinary it is that such shallow absurdities as these should pass current in the British Association, and among the scientists in America, as the *Science (?)* of the 19th century.

We maintain, therefore, if Harvey of the 17th century, and Haller, Hunter and Bichat of the 18th century were physiologists of the first rank—indeed, indisputably the greatest who have enlightened mankind on the laws of life; then Mr. Huxley cannot be reckoned among physiologists at all.—While extolling Harvey in language, rather inflated for a philosopher, he tacitly contradicts him in speaking of the blood as if were a lifeless fluid, and asserting the exclusive force of the left ventricle in propelling the blood, while Harvey insisted on the suction of the right auricle, as co-operative force, pulling at the right, while the ventricle was pushing at the left.

We, therefore, assure Dr. Youmans, we utterly decline to receive the fancies of Mr. Huxley as "fresh" science, or indeed, as science of any sort, new or old. Whatever *he* or *his* "scientists" (?) may say, it can be proved that Moses (whom Mr. Huxley rails at as "a semi-barbarous Hebrew") between three and four thousand years ago, knew more of the essence of Physiology when, taught by God, he wrote "*the blood is the life*," than Huxley and Youmans, and even Dalton have yet learned.

MODE OF DISSOLVING SALICYLIC ACID.—Dr. Bose, assistant in the Surgical Clinic in Berlin, has discovered that the solubility of Salicylic acid in water is enormously increased by the addition of eight parts of Borax to 100 of water.

In this solution ten parts of the acid can be dissolved, whereas 300 parts of pure water dissolve only one part of acid. The Borax should be dissolved wiih the aid of heat, and the Salicylic acid added to the boiling fluid. The solution is afterward filtered.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

A CLINICAL RECORD OF CEREBRAL DISEASES TREATED DURING 1873 IN THE "FREIDRICH WILHELM HOSPITAL."

(*Home for Old Men.*)

BY DR. POPPELAUER.

Passing by the usual diseases, we extract only the brain diseases. Here the Doctor says :—

Senility itself offers the smallest number. Clinical examination and autopsy revealed in many a case a morbid process in some organ, and it was frequently the case that really severe pathological processes offered at the dissecting table only negative results ; especially was this the case in *dementia senilis*, which often gives only a moderate atrophy of the brain. Only where apoplexy preceded it and thus paralysis remained, may we expect to find softening in the brain.

Allow me to lead your attention to a physiological symptom of great importance in senility and frequently preceding mental disease—I mean "*sleep.*" Here in many cases we find a continuous sleep, not to be mistaken for somnolency. Murastic persons, especially at the age of 70 and over, sleep the most part of the day and the whole night. They must be awakened for their meals, where they show a perfect normal. appetite, so that they consume often more food than their wakeful neighbors. As soon as the meal is finished, they go to sleep again. This already shows a certain mental weakness, though consciousness may still be clear and memory is

failing. Such a state may last for years, till finally they succumb to gangrenous decubitus, produced by their constant lying in bed.

A second modification is the patient's sleep in day time, but are restless at night. As soon as twilight sets in they become restless. The same persons who hardly spoke a word the whole day, become at once talkative, leave their bed to go to the closet, but when returning cannot find their bed. After a while they are delirious, crawl into other beds, behave improperly without knowing anything about it the next morning. This last symptom is the beginning of *dementia senilis.*

The third modification is rare, perfect sleeplessness or agrypnia. Such persons can neither sleep by day or by night, being troubled by a continous restlessness. Such a process indicates genuine mental disease, and hypnotic remedies must be used in large doses ; inasmuch as old age bears large doses better than youth. The cause of this we think may perhaps be found in the retarded faculty of the absorption of the organs inherent to old age. Subcutaneous injections of 0.02 Morphine or internal doses of 1 granum Chloral and 0,02 Morphine, and gradually increasing the dose *pro re nata,* are well borne, and can be used for a long time without injury.

(We need not rely too much on hypnotics, when we have remedies to cover each modification. Ambra, Aurum, Baryta carb., Conium, Opium, Secale, suit old age and the complaints arising therefrom. We would recommend for those *old sleepy men* according to the individual case: Anacardium, Baryta, Lachesis, Mercur., Natrum carb., Nux mosch., Ophiotoxicon, Opium, Petroleum, Secale. For patients *sleeping in day-time and sleepless at night:* Agaricus, Alumina, Ambra, Cannabis, Causticum, Lachesis, Lycopodium, Phosphor. For perfect *agrypnia:* Calcarea, Conium, Flouric acid, Platina, and Pulsatilla.)

During the past year there were 25 cases of fresh apoplexies, of which 15 died. We need not wonder at the great mortality, when we consider that we frequently deal with relapses which in younger men are often fatal, and that in persons of

advanced ages the hæmorrhage is sometimes so excessive that both lateral ventricles are destroyed. They run their course with such rapidity,that the patients are found dead in bed,especially when the apoplexy happened at night. At an average, they lasted four to five days; consciousness returned for a a few hours; even deglutition was possible again for a little while, then the sopor returned and with the symptoms of general paralysis the patient succumbs.

We do not perfectly agree with those authors, who look for the cause of apoplexy in cardiac anomalies, and we are not justified in considering as the sole cause of senile apoplexy the slight hyperthrophy of the left ventricle, so often met in persons of advanced years. We rather accuse the atheromatous process, this fatty degeneration of the blood vessels, through which every considerable hyperæmia may cause a rupture of the blood vessels. A disposition to hyperæmia is frequent in old age, e. g. from senile kyphosis, disturbing the functions of all organs in the thoracic cavity, especially of the heart and thus easily producing stasis in the lesser circulation, or from adhesions of the cerebral membranes with the cranium, or from osteophytes, as we often find them inside the cranium. Thus compression of the blood vessels arises which again disturbs the circulation. Obstinate constipation, which also produces cerebral congestion, belong also to that class and explains why apoplexy is so frequent during defication.— A tendency to apoplexy disappears after a certain age, and after eighty years fresh apoplexies are rare. It is worth while to mention that we found a cysticurcus in the arachnoidea of a man of 84 which gave no symptoms whatever during life.

In our treatment antiphlogosis was strictly avoided, especially phlebotomy. We feel convinced that coagulation can only produce a stoppage of the extravasation of blood and venesection might prevent it. We apply ice over the head, and learned by experience that aged persons bear the cold well, although it is well known that they become easily

chilled. (Here we find again our old friends indicated: Arnica, Baryta carb., Conium, Digitalis, Mercur., Opium. The costiveness of old people requires: Aloes, Antimon, Hydrastis, Lachesis, Opium, Phytolacca, Phosphor., Rhus, Ruta.)

Although apoplexy decreases with eighty, we find then more frequently atrophy of the brain, hydrocephalus ex vacuo, a disease difficult of diagnosing during life. Generally we meet the manifestations of general marasmus; excessive debility; the patient have more or less lost the power of motion, love to lie in bed, complain sometimes of pains all over, especially of the head; the sleep is restless, especially at night, when they are often delirious; they lose their power over the sphincters, memory becomes weaker day by day. Autopsy reveals total and equal atrophy, sometimes combined with hyperæmia, the large hemispheres are diminished, the gyri broad and deep, the cortical substance thin and tough, of a yellowish-brown color, the ventricles greatly dilated and filled with serum.

We come now to softening of the brain (Encephalitis.)—It is nearly impossible to give a true clinical picture of this disease so frequent in senility, and *Durand Fardel* is right when he asserts that every case of encephalitis differs from another one (*homœopaths have learned long ago the art of strictly individualizing in their treatment*). In our Home we hardly ever see recent cases, we mostly meet encephalomalacia from preceding apoplexies, This form may be more easily diagnosed. If after an apoplectic fit paralysis of one side or of the tongue continues for some time, if mental disturbances are added to it, which may even increase to dementia paralytica we may with certainty expect to find extensive foci of softening in the autopsy.

(In senile cerebral malacia every treatment necessarily fails; the machine is worked out, still we may hope to repair it for a little while with Nux vom., Natrum mur., Phosph., etc., which will remove, or at any rate alleviate some of the most urgent symptoms. A cure is impossible at that age.)

SALICYLIC ACID IN DIPHTHERIA.

Dr. Carl Fontheim uses acid Salicyl. 2.0 dissolved in alcohol q.o. aqua dist. 200.0 in the following manner, the patient takes a teaspoonful every three hours, gargles with it every hour, or the affected parts may be swabbed out with a probang soaked with the fluid (we prefer the atomizer,S.L.) Even severe cases are cured in a week, light cases in 3 or 4 days. Diphtheritic nephritis or a general diphtheria he has never observed since using Salicylic acid, and diphtheritic paralysis of the soft palate only once. He hopes the same success may attend its use in measles, scarlatina, variola, in fact in all zymotic diseases. He used it successfully in injections in a case of obstinate fluor albus, and as an ointment int rachoma.

Prof. Dr. Zuru, experimented with Salicylic acid in veterinary practice. He gave to a large dog for several days five grammes of a solution of Salicylic acid 1-1000 and 1-500, and then again for several days 1 gramme of the the pure acid, made into pills with Radix Althæa, and several days before his death a solution of ½ grm. in water, and for two days a solution of 1 grm. in a sufficient quantity of water. The animal never felt sick and kept up its appetite, or rather it seemed to increase it. The only abnormal sign was an increase of temperature. Its normal temperature (thermom. in anum) was 37.1° C. After taking the weaker solution the temperature rose in 12 hours to 37.5°, after taking the gramme in pills 38.1°. The urine was also examined. By the addition of Ferrum sesquichlor. subl. a grayish-red cloudy sediment, consisting mostly of phosphate of lime, showed itself. Neither Salicylic nor Salicylous acid could be detected in the urine. The animal was killed for the purpose of dissection. The mucous membranes of the intestinal tract showed nowhere cauterization, even after a very strict examination, as even a small quantity of pure Salicylic acid applied to a mucous membrane,considerably cauterizes. It seems, therefore, that in solution or in pills it fails to do so, and differs thus beneficially from Carbolic acid. Another advantage is its freedom from the disagreeable smell of the other. He uses in capital operations a solution of 1-300 of Salicylic acid for cleansing and bandaging. In eczemata and herpetic eruptions of cats and dogs,he uses an ointment made from 1.0 Salicylic acid in 2.0 alcohol, and mixed thoroughly with 15,0 axunge. For the acarus folliculorom of dogs (a disease commonly considered incurable) he uses one part of the acid to 10-15 parts axunge. Such a favorable result is the more remarkable as other sorts of parasites are kept alive for some time in Salicylic solutions as e. g., Acarus siro, Dermatokoptes canisuli, Dermatophagus ovis in solution of 1-1000 and 1-2000. In a concentrated spirituous solution (1-100) some of the parasites died after twenty-seven minutes, some after thirty-eight minutes, all after fifty-six minutes.

The only drawback to its use in veterinary practice is its high price, and Carbolic acid will therefore always keep its place as a cheap and thorough disinfectant.—[*Journal f. Pract., Chemie XI.*]

THE RUSSIAN BATH, A CURE FOR INTERMITTENT FEVER.

Dr. W. Finkelstein thus relates his own case:

1865 I was first attacked by a quartan-fever. I took quinine, the paroxysms ceased, but always returned after two or three weeks. I then took quinine for many weeks, but as soon as I stopped the fever returned. Thus a whole year passed, I thought change of air might do me good, and I went in the mountains. After a paroxysm lasting twenty-three hours my intermittens ceased spontaneously. From that time to 1871 I enjoyed fair health, although sometimes suffering from a gastric catarrh, which was again followed by the same quartan-intermittens. I took Quinine, Solutio Fowler's, Piperin, Acid carbol., Tinct. Eucalypte, but my fever kept on to return every four weeks.

Sept. 4th at 4 P. M., I felt general malaise, headache and chilliness, the sure forerunners of an attack. The idea struck me to take a Russian bath, as the sweating stage is the finale to every paroxysm and it might be well to hasten this stage. During undressing the chilly stage set in. I went immediately in the room filled with steam at a temperature of 39° Celsius. The chill kept on, I ordered more steam up to 40½°, so that I felt comfortable and perspiration began to break out. Pulse 100. After remaining there for 15 minutes a sensation of oppression in the chest; respiration 22.

I left the hot room and took a cold douche, but as I still felt a slight chill creeping over me, I returned to the steam-chamber, where the thermometer ranged now at 44°. Covering my head with a large sponge, moistened with cold water, I remained there nearly half an hour, till a slight dizziness set in, respiration 22, pulse 99. After the usual processes were gone through, I took another douche, and allowed a pretty strong stream to dash against the spleen. Respiration 19, pulse 70, not a vestige of a chill. After dressing I felt well in every way, enjoyed the evening in company with some friends, a thing which I had never done before after a paroxysm of my intermittens. It was and remains a perfect cure.

2) A young man suffered for a long time from intermittens tertiara, constantly relapsing in spite of Quinine and Arsenicum. He came to me, and I ordered *the Russian bath to be taken at or during the chilly stage.* Twice it returned, though weaker. After the third paroxysm the patient was cured and remained so for the last five months.—*Berl. Klin. Wochenschr. Sept. 1875.*

American Observer.

EDWIN A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

THE MEDICAL SCHOOLS.

NO. III.

Pathology is the last reserve of our allopathic step-brethren. Therapeutics they have long since given up to the unbelieving eclectic and the heretical homœopath, and in this most important department they have long contented themselves with hooking and stealing from those whom they style "irregulars." Obstetrics they were forced by the stern logic of facts to surrender, for while both homœopathic and eclectic accoucheurs have singular success, your genuine allopath is just about the most unlucky of men. Give him a good easy "case" in which all is plain sailing, and the chances are that he will hasten the labor, or be rash about the afterbirth, or use the forceps where there is no occasion for them, or do something to illustrate old Dr. Blundell's aphorism, "Meddlesome midwifery is bad." Surgery they clung to as long as possible, but the practitioners of both the rival schools have of late years made very rapid advances in "the art which almost deserves to be called a science," and now in most good-sized towns on this continent you can find homœopathic and eclectic surgeons quite equal to their "regular" brethren. But pathology is the last ditch in which the legions of the contraria will conquer or die. Beaten here, they are beaten along the whole line, and nothing but hopeless irretrievable rout remains for a once proud school.

Let us look at this matter a little closely, and try and determine what claim these arrogant men have to be considered the true and sole possessors of a knowledge of pathology. In doing so I shall cite facts noted by professional friends as well as by myself, and I am able to illustrate by many a too true tale. This lordly scorn of our knowledge of pathology is not, as might be supposed, confined to the dominant school alone, for many homœopaths who have been educated in the old school partake of the same ideas. This is a

curious fact—but still it *is* a fact, and an unquestionable one too. Quite likely some of my brethren, not very well versed in the law of evidence, will rush to the front and tell me in no very courteous terms, that I'm mistaken here, and that no converted allopath doubts the pathological knowledge of the original homœopaths. But I refuse to be guided by any man's experience but my own—which I take to be a very sound position for a practitioner of the "Medicine of Experience"—and persist in maintaining that many of the converted allopaths in our ranks speak slightingly of the pathological knowledge possessed by the homœopaths who have never been allopaths. Let me illustrate by a sketch from real actual life. In the goodly city in which I labor, the practitioners of the similia are three in number, one of whom, like myself, is proud of never having been anything else but a homœopath, while the third is a (not very thoroughly) converted allopath. The last mentioned gentleman is Dr. Grey, the other is Dr. Gross; I, of course, am Dr. Taillefer. Now, it will hardly be believed, yet I have undoubted authority for it that Dr. Grey has repeatedly remarked to his patients and familiars that "he wonders why Dr. Gross and Dr. Taillefer do not call him in to assist them with their cases, as he cannot see how they can get along, ignorant as they necessarily are of pathology." All this because that in the dim past Dr. Grey stumbled along in the murderous art of healing, *therefore* he must necessarily know more of the natural history of disease than his *confrères* who have always walked in the blessed light of the glorious similia! Here I would remark that while I have repeatedly caught Dr. Grey napping in disease, I have never yet seen my excellent friend, Dr. Gross, slip up in pathology or therapeutics, or in anything else.

I would like to add to what I have said the qualification that not all converted allopaths join with the unconverted allopaths in this senseless scorn of the pathological knowledge of those who have always been homœopaths. Far from it. And I would like to add, that by a curious coincidence, those ex-allopaths who recognize the soundness of our pathological knowledge are precisely the men whose own skill in pathology is above suspicion. Lately I had the pleasure of meeting two very eminent British homœopaths, and was gratified at finding them entirely free from the mean and hateful

feeling which characterizes some men who cast discredit on both their original and their adopted school. *Per contra*, the ex-allopaths who amuse themselves with sneering at the attainments in pathology of a large and constantly increasing body of our American homœopaths are, by another curious coincidence, precisely the men whose pathology is a sham, whose materia medica is a fraud, and whose therapeutic treatment is a piece of blind, ignorant routine, only a few shades better than the allopathy they formerly professed. In my mind's eye, Horatio, I see some of these men, and I itch to describe them and tell of their blundering in this same pathology, but I prefer to grant them the contemptuous mercy of my silence.

How did this charge of ignorance of pathology arise? We may be sure that the noble race of practitioners, the first generation of American homœopaths, knew pathology quite as well as their allopathic compeers, and we may rest assured that these same allopathic compeers knew it. We know too that the present race of practitioners, the many graduates of our excellent schools, are as well read in pathology and in everything else, as the graduates of allopathic colleges, and we are therefore shut up to believe that the stigma arose from the practitioners of the middle period of the history of American homœopathy. Here I would like to remark that I do not mean to hint that all the practitioners of the middle period were possessed of indifferent professional education, but still the fact remains that a sufficient number of them were indifferently educated to give color to the entire school.

Allopathic misrepresentation is to be blamed for much of the discredit thrown upon our school for our fancied ignorance of pathology. For illustration take a case which occurred in my practice. I was attending a case of inflammation of the lungs under the very simple yet very scientific treatment which is a kind of tradition in our school, when an allopathic physician, with a large amount of unemployed time on his hands, took it into his head to interview the patient "unbeknown"—to use his own elegant English—to myself. Soon with a horse-laugh he remarked: "*Dr. Taillefer says Simmons has inflammation of the lungs; fact is, he has pneumonia.*" But it was just a little too thin, and my allopathic friend was again doomed to waste his sweetness on the desert air. A good deal of

this discredit comes from ignorant talk and equally ignorant writing in our own school. I have a most distinct remembrance of hearing a distinguished professor inform his class "*that he was unacquainted with auscultation and percussion*," and that when examining applicants for life insurance, he trusted to the vital symptoms alone.

I well remember the astonished look of some allopathic visitors, and the reproachful looks of many of our own men. At the present time, no professor in our colleges would dare avow his ignorance of such essential matters, and this conclusively shows the great advance that pathology has made among us within the last twenty years. But one still sees foolish writing from young men, who will change their minds, we may rest assured, as they grow older. These youths would leave their effusions unpenned if they reflected that you use pathology the moment you attempt to discriminate one disease from another, for pathology is neither more nor less than the natural history of disease.

A volume might be written on the allopathic ignorance of this most important science, and I cull a fine illustration, contributed by Dr. Thomas Nichol, from an old volume of the "*Observer*."

"I am aware that many allopathic physicians of this part of Canada, as well as those of other parts, deny the existence of diphtheria, and speak of it as being a mere invention of the homœopathic enemy. To this I reply that after the thorough study of all that has been written on the subject by Bretonneau, Guersant, Trousseau, Bouchut, Empis, Daviot, Slade, Greenhow, Hellmuth and Ludlam, and after having seen upwards of *six hundred cases* of the disease, I feel myself perfectly competent to know it when I see it. My own opinion is that many allopathic physicians *do not* know it when *they* see it. Permit me to cite a case in point. In August, 1865, I was called in great haste to see a little boy, aged about five, who had been attended by two eminent allopathic physicians for nine days for a disease which they diagnosed to be pneumonia. I found that their treatment consisted of a large blister which went almost around the chest, of nauseating doses of Tartar emetic, and of Opium to such an extent *that he remained soporous for seventy-two hours after he came under my care.* The child had apparently but a few hours to live. The bluish color of the forehead and the diphtheritic membrane protruding from the nostrils would almost justify a pathologist in asserting the disease to be diphtheria; but to make assurance doubly sure I auscultated and percussed with the greatest care, and decided that though there was undoubtedly obstruction to the respiration, that no pneumonia was present. I then examined the throat and found it lined with diphtheritic membrane to such an extent, that the slight motion of the spoon in examining caused him to vomit a whole saucer full. I commenced the treatment, and after fifteen days' attendance I

had the pleasure of dismissing my little patient cured. I could relate a score of such incidents illustrative of the fact that allopathic physicians have not a monopoly of pathology, and homœopathists know a little of that same science, but the above will suffice."

TAILLEFER.

THE WORLD'S HOMŒOPATHIC CONVENTION.

We desire to direct special attention to *The World's Homœopathic Convention*, which is shortly to be held at Philadelphia.

Reports and Essays have been received by the Committee of Arrangements from England, France, Germany, Spain, Sweden, Belgium, and India.

The histories of the origin and development of Homœopathy by the different nations: our work in hospitals, colleges, societies, literature, and the progress of legislation, will be both of present interest and permanent value.

The scientific papers received from abroad are of the highest order of merit, and our own colleagues must not be excelled. We trust that abundant means will be placed in the Committee's hands, and a degree of success attained worthy of the *Centennial Year*.

UNIVERSITY OF MICHIGAN.

HOMŒOPATHIC MEDICAL COLLEGE,
Ann Arbor, Mich., Dec. 15, 1875.

Editor of *Observer*:—I desire thankfully to acknowledge through your columns the following munificent donation to the library, and for which we are indebted to the generosity of the well-known publishers, MESSRS. BOERICKE AND TAFEL:—

1. A full set of the *North American Journal of Homœopathy*, and its continuation.
2. A full set of the *Philadelphia Journal of Homœopathy*.
3. A full set of *Raue's Annual Record*.
4. The current volume of *Hahnemannian Monthly*, and its continuation.

An aggregate of thirty-four volumes.

It is desirable that our literature should have a full representation in the library of the *University of Michigan*, and so soon as may be it will be collected by purchase; but as many of our earlier publications are not in the market, I must appeal to the *amour propre* of the profession for an opportunity to obtain them by gift or sale. SAMUEL A. JONES, M. D., Dean, etc.

RAUE'S ANNUAL RECORD.

Can there be any reasonable doubt as to the absolute value of this Record? We find the evidence of that value in the time-saving capacity of the work. To men of leisure, who can read all our journals, the brevity sought and gotten by Prof. Raue and his assistants may be non-essential, but to the over-driven practitioner is it not a boon? It seems to me that if we really desire the progress of the majority of our working physicians, we will lend our aid to continue this publication. If continued, our successors will more than thank us, for such an *Index* to our serial literature will be invaluable to the scholar, and will enable *practical* research to the busy practical physician. Let each of us do our duty. S. A. J.

SPECIALTIES. (*Chicago Times*). Have a Specialty.—The sooner people begin to comprehend that practically there is no business, calling, trade or profession which any one man can master in all its branches in a lifetime the better will it be for every individual's prosperity. We believe that half the failures in the great struggle for livelihood are due to men trying to do too much—trying to fulfill all the requirements indicated by a name, because their fathers did, but forgetting that, in their fathers time, that name included an aggregate of labor of every different extent to that which it now encompasses. Every day as it closes leaves the world richer in knowledge, and the aggregation of many days produces a store of learning which increases vastly the quantity which the beginner must master ere he approaches proficiency. A couple of centuries ago all that the world knew of the healing art was within the easy grasp of any average intellect. Now, there is no physician living, however eminent, who pretends to have mastered, or even to be moderately versed, in all the details of medicine and surgery. So it is with science, with law, with mechanics, with journalism, until each calling has reduced itself to an agglomeration of specialties; and without doubt each specialty in the future will be divided and subdivided as learning and education advance.

AVERAGING RISKS IN LIFE INSURANCE.—(*Detroit Post.*)—In your editorial notice of a proposition of "A Writer in the *College Courant*" I am glad to notice some well-timed and needed strictures upon the present methods of doing life insurance. It is strange that the American people have so long put up with the crudities and glamour that have been thrown around the business; relics of the "dark ages" of life underwriting.

To persons having the light of the present day it appears absurd to make one premium for all ages between 15 and 45. It is no more so, however, than the averaging of all healthy men of the age of 30 into one class, at one premium for all. So little has correct life insurance advanced that various companies yet advertise their absurdities as attractions, "No extra charge on account of vocation, residence, etc." "No loss contested." Their premiums are the same in States that charge 3 per cent. upon premiums as in States where there is no tax. All of which iniquities arise from the senseless use of tables which have one premium for each age, no matter what differences in mortality the net premium or the loading may be called to cover.

None of the unjust methods inherited by life insurance are essential to its most convenient working. Inheritance is not in insurance as in life, a necessary continued evil. The idea of averaging must not only be limited, but must be cast aside entirely. It is now discarded in almost every other kind of business. Where it is not there is always deception or injustice.

Correct life insurance consists in valuing and rating each applicant according to his own real probabilities of living, as predicted by his inherited longevity, constitution, intelligence and residence, as well as vocation, insisted upon by the writer in the *Courant*.

There is no need nor sense in a man at 30, who comes of a stock of people that life to 80 or 90 years of age, paying as much premium per annum as a man of the same age, and of equal good health, whose family dies of *old age* at 60 years.

There is no doubt but that the life insurance companies of the future will have to base their premiums on some such basis to get business at all.

MONUMENT—WORTHY OF IMITATION.—A wealthy French physician, named Parrot, in the town of Perigueux, whose son was accidentally killed by a Prussian shell during the war, has erected a beautiful chapel over his tomb, and turned the chateau, which was to have been his son's home, into an asylum for the orphan children of the town, endowing it with all his wealth and with the name of his son.

WEATHER PREDICTIONS.—In the weather probabilities published daily the different parts of the country are designated as Middle States, South Atlantic States, Gulf States, Northwest, Upper Lakes, Lower Lakes, etc. The boundaries of these several divisions may not be generally known, and the department has recently issued a map, to be conspicuously posted with the bulletins, showing the divisions clearly. The following explanations are given.

Maine, New Hampshire, Vermont Massachusetts and Rhode Island are alluded to as the New England States, or the Northeast, or simply as the Eastern States.

New York, New Jersey, Pennsylvania, Maryland, District of Columbia and Virginia as the Middle States.

North Carolina, South Carolina, Georgia and Florida as the South Atlantic States.

Alabama, Mississippi, Louisiana and Texas as the Gulf States.

The Lower Lakes mean Lakes Erie and Ontario.

The Upper Lakes, Superior, Michigan and Huron.

The Northwest means the country lying between the Mississippi and Missouri Rivers.

The Southwest means Texas, Indian Territory and New Mexico.

The Ohio Valley includes a belt about 200 miles broad from Cairo to Pittsburgh.

The Mississippi Valley includes a belt about the same width from Vicksburgh to Davenport.

FORGETTING NAMES. (*Popular Science Monthly*).—There are well authenticated instances of persons who suddenly found that they could not remember their own names. An embassador at St. Petersburg was once in this case, when calling at a house where he was not known by the servants, and he had to apply to his companion for the necessary information. The names of common things are sometimes strangely forgotten. The wife of an eminent jurist who consulted Dr. Trousseau, of Paris, told him that her husband would say to her, "Give me my—my—dear me! my—you know," and he would point to his head. "Your hat," "Yes, my hat." Sometimes, again, he would ring the bell before going out, and say to the servants, "Give me my um—umbrel—umbrel oh dear!" "Your umbrella?" "Oh, yes! my umbrella." And yet at that very time his conversation was as sensible as ever. He wrote or read of, or discussed, most difficult points of law. A patient will often use a form of circumlocution to express his meaning; thus one man who could not remember scissors would say, "It is what we cut with."

PESEBEBE.—Dr. Groussin, of Bellevue, has contriveda machine which he calls a *berceau-balance* or *pesebebe*, by means of which the anxious young mother may assure herself from day to day, or even from hour to hour, that the baby is going on satisfactorily as regards increase of weight It consists of an ordinary cradle, to suit the taste, fitted with a balance underneath which will tell the exact weight of the cradle and its contents, without any need for disturbing the child. It is said that after two complete days of life a child weighs about four ounces less than at birth. When a week old it will be of the same weight as at birth. From seven days to five months the average increase should be three-quarters of an ounce daily. At five months the weight should be double that at birth. At sixteen months the weight should be double that at five months. Of course infants vary from time to time, and each individual has a rule of its own; the great point is that growth ought to be constant.

ALCOHOLIC ANÆSTHESIA.—In some experiments made by Dr. Horvath, a German physician, in the production of local anæsthesia he states that if the hand be immersed for a short time in ice water, severe pain is caused, but that no such pain was produced on immersing the hand in cold alcohol, not even when the temperature of the alcohol was as low as five degrees Cent. Glycerine was found to possess a similar property. Ether caused pain, and quicksilver more acute pain still, causing the speedy withdrawal of the finger when plunged into this liquid at a temperature of three degrees. It was next ascertained that, on the finger being held for a long time in alcohol having a temperature of five degrees C., no pain was experienced, and, although the finger distinctly perceived the faintest touch, sharp pricks gave no pain. This seemed to show that the application of cold alcohol has the effect of depriving the part of the special sensibility to pain, without, however, impairing the delicacy of the general tactile sensation, which, as is well known, resides in the superficial integument.

A CANADIAN SUBSCRIBER writes:—Dr. Lodge. Dear Sir. It is not the want of practice, but the want of money, or hard times among my patients that has prevented my paying for the Observer in advance the present year. And as the above disease is not yet abating, you will have to discontinue sending me the Observer or trust me until money becomes easier. I have not the corporeal dimensions of Wouter Van Twiller, nor does a square meal produce the symptoms of continual sighing, but I fear that if you discontinue sending me the Observer, it will prove to a demonstration that it is not always the swallowing of drugs that produce the above symptoms, for I find the Observer to be a most potent weapon in combatting disease, and the heroes of old physic, as your humble servant is the only representative of Homœopathy in this vicinity. Enclosed are two dollars and seventy-five cents ($2.75) for the present year. If I do not do as well another year, you can discontinue, and may conclude that the writer has gone the way of all the earth. Respectfully yours, * * * *

DR. E. COWLES writes from Eldorado, Butler Co., Kansas:—"Dear Observer. Your regular visits have been *most cheering and instructive* the past year, and that the same may be continued during 1876. I enclose money order," etc.

Dr. M. B. LUKENS writes from Cleveland, Ohio:—"Dr. Lodge. Dear Sir. Your Journal is the *cheapest* and the *best* that I take. I have received it regularly for *ten years*, and wish it continued as long as it is so ably conducted.

SENSIBLE. A wise physician writes: "I appreciate your Journal, and although times are hard, *I would rather cut off* $2.50 *some other way than to drop your Journal.*

Dr. C. E. WOODFORD, of Leeds, Wisc., writes: "I would like to be assured that your health has improved as much as your publication, which is more fascinating each month."

We thank Dr. W. for his kind interest in our health, and are happy to be able to assure him that we are now better than before for some years, and trust we shall be able to make our Journal still more interesting.

Selling a Medical Practice.—*Supreme Court of Michigan at Lansing, October* 19, 1875.—*Edwin Doty vs. Patrick Martin;* appeal from Clinton. Opinion by Marston, J.:

The bill in this case was filed to restrain defendant from practising his profession as physician and surgeon at Maple Rapids and vicinity, contrary to the terms of an oral agreement alleged to have been entered into between complainant and defendant in August, 1872. Complainant in his bill alleges that in consideration of the sum of $3,000 defendant agreed to convey to him a certain house and piece of land, and also his practice as physician and surgeon, and further agreed that he would not thereafter practice his profession in Maple Rapids, or in that vicinity. Defendant in his answer alleges that he sold the house and lot for another person, and that he never sold his practice at all.

The court on a review of all the evidence found that if defendant did not really own the house and lot he had an equitable interest in it, and treated it as belonging to him, and that he did in fact sell his practice along with the premises.

It was insisted, however, that the contract was void under the statute of frauds, as one not to be performed within one year from the time it was made. But it appeared in evidence that complainant entered into actual possession of the premises, and commenced the practice of his profession upon the very day the deed was executed; that defendant went around with him and introduced him to his patients, and shortly afterwards he and his family removed from Maple Rapids, and remained away more than a year, leaving complainant in undisturbed possession of the business so purchased by him. It was a contract fully performed by the parties. There was nothing further to be done by either. The case is not, therefore, within the statute of frauds.

The decree of the court below enjoining defendant from practicing medicine or surgery in Maple Rapids or within six miles of it was affirmed.

Maryland Homœopathic Medical Association. — At a recent meeting of the Homœopathic physicians of the State, held at the office of Dr. E. C. Price & Son, on Madison avenue, Baltimore, Md., a State Homœopathic Medical Society was formed. The meeting was organized by calling Dr. A. A. Roth, of Fredrick, to the chair, and the election of Dr. Eldridge C. Price, Secretary. Drs. Pomeroy, Fetterhoff and Elias C. Price were appointed a committee to prepare a constitution and by-laws, and, upon reporting the result of their deliberations, the committee was discharged and the constitution adopted. The following permanent officers were then elected: President, Dr. Elias C. Price; First Vice President, Dr. Thomas F Pomeroy Second Vice Presdent, Dr. H. R. Fetterhoff; Secretary, Dr. H. A. Underwood Treasurer. Dr. J. Schmidt; Censors, Dr. J. B. Crane, of Hartford county; Dr. A. A. Roth, of Frederick, and Dr. George Fechtig of Hagerstown.

A committee was then appointed to have the Society incorporated, and the meeting adjourned till the third Wednesday in October, when another will be held in that city. The following are the Board of Directors: Samuel M. Shoemaker, Enoch Pratt, Francis T. King, Thomas W. Levering, Henry C. Johnston, Joseph Rieman, Elias C. Price, M. D., Thomas F. Pomeoy, M. D., H. R. Fetterhoff, M. D., H. A. Underwood, M. D., and J. Schmidt, M.D.

Restoring Faded Ink.—Mr. Garside of Southport, England, describes in the Pharmaceutical Journal a method he successfully employed for restoring the legibility of a letter which had been submerged in the wreck of the Schiller, and which was quite illegible until submitted to this process. The letter was carefully brushed over with solution of sulphocyanide of potassium (1 in 20), and then, still damp, held over a dish containing hot hydrochloric acid. The writing was thus developed of a deep red color. The philosophy of the process is this: The iron of the ink is precipitated as peroxide upon the fibres of the paper, and remains when all other coloring matters are washed away. Being in an insoluble form, however, no effect is produced by the reagent until the fumes of the acid have rendered it soluble. Probably ferrocyanide of potassium would answer as well or better than sulphocyanide.

THE JOY OF AN OPEN FIRE.—In every home there should be at least one open grate, or some other arrangement for burning wood, or soft or hard coal. A fire which can be seen as well as felt—a cheerful, bright, blazing fire, with shovel and tongs—and fender, too, if you please—which will attract the family by its social influences, is a grand thing in a home. Those black, grim, tartarean flues, filled with the stale odors of an hot-air chamber seething water-tank, and cellar and emitting clouds of pulverized ashes to cover your furniture and stifle your lungs, are among the greatest banes of family enjoyment and comfort. It is all well enough to have one's dwelling warmed from top to bottom, and to have no coals to carry beyond the furnace, but this heating system has done immense mischief to the family powers, scattering the members of it all over the house, and furnishing not one attractive spot in which the inmates will gather, as by instinct they do, to enjoy the cheery comfort of the fireside. There is no fireside in most of our modern houses. There are only holes in the floor or in the walls. And we are disposed to think that the good ventilation of the open fire adds not a little to the unconscious blessings of its hospitable and domestic influence. The sight of the little folks, as they sit musing and amused while the wood-fire burns, and watching the fantastic flames and the glowing coals, is worth many times the cost of that cord of hickory or oak at city prices; and a wise household would rather part with the furnace which that bright blaze supplements and atones for, than with the low-down grate which makes the family circle a real thing. Try it, ye who can, and see if the moral, æsthetic, and domestic pomer of this style of home comfort is overestimated.—*Science of Health.*

HOME.—Julian Hawthorne, who has lived long in Dresden, where the flat system of domicile prevails, tells us that, according to his observation, the common door and stairway are entirely destructive of the idea of home, and even somewhat demoralizing. "There is a vast moral advantage," he says, "in the feeling that our home is our own, from the garden gate to the bed-chamber. An infringement thereof is a step toward Communism; and I do not believe that a person of refinement can become accustomed to the 'flat' system without undergoing more or less abrasion, or, what is worse, hardening of the moral cuticle."

A LIVING SKELETON.—The Liverpool papers announce the death of an extraordinary being in the Prescott workhouse. The deceased had been exhibited in a caravan in various parts of the country. With a determination worthy of a better object, he had voluntarily passed through a process which had rendered him nothing but skin and bones. He was exhibited to wondering clodhoppers at country fairs at one penny per head, and there is reason for supposing that, notwithstanding the misery and wretchedness, the pain and weariness he suffered, his ambition was satisfied, as wondering bumpkins left his caravan acknowledging that they had never seen anything so like a corpse with the life still in it. Shut out from the clear light of heaven, voluntarily deprived of the enjoyment of sufficient food and raiment, with the certain knowledge that his privations would hurry him to the grave, this wretched creature consoled himself with the idea that he lived for a purpose. He was "The Living Skeleton," and in that respect has as much outdistanced all competitors as the greatest warriors, statesmen, painters, philosophers out-distance theirs. With sunken eyes and hollow cheeks, with arms and legs which were mere bones covered with diseased skin, with the grave before him yawning to receive him, it seems impossible to believe that this most miserable son of Adam could have any pride or satisfaction in the condition to which he had brought himself. But he had spent his energies in wasting them, and he received his longed for remuneration in the wonder and alarm which were exhibited on the countenances of those who beheld him. The work-house dead house received the corpse of one whose ambition had killed him.

The Laugh Cure.

"A merry heart doeth good like a medicine."—SOLOMON.

LOCOCK.—The London *Medical Times* tells a humorous story of the late Sir Charles Locock, as an evidence of his powers of repartee. His great repute had induced certain vendors of quack medicines to advertise cough lozenges under the title of Locock's Pulmonic Wafers, or Locock's Cough Lozenges. This, of course, caused him some annoyance. One morning he met the Duke of Wellington in Hyde Park. who said: "Locock, I have a bad headache from taking your damned lozenges." "Well," said Sir Charles, "I might as well say that I am lamed by wearing your damned boots, for I wear Wellington boots."

LAUGHTER CURE.—A Medical Incident.—Persons with an aggravated case of mumps, or who may be suffering from a severe attack of brain fever would do well to try a mode of treatment which seems to have been adopted with very considerable success in the case of two individuals living in the neighborhood of Pittsburg, Pa. It appears that a gentleman with brain fever was lying in one room very sick. So much so, indeed, that watchers were needed every night, and it was thought by no means impossible that the brain-fever gentleman might at any moment and, without much ado, go out of the world. A man was engaged to watch the patients and to wake a nurse whenever it was necessary to administer medicine. As some people will do on occasions of the kind, in a still room and by a sick bed, both watcher and nurse fell asleep. The gentleman with mumps, who seems to have been a person of determination and considerable sympathy, lay awake watching the clock which gave notice of its being time for his friend with the brain fever to have a dose of medicine. Mumps being a disease which makes it exceedingly disagreeable even to open the mouth, let alone speak the mumps patient found it difficult to call aloud, and not finding it desirable to jump out of bed,—probably the room was cold on the fever man's account, was for the moment in a difficulty; but it was only for an instant. He seized hold of a pillow, and apparently with a great deal of vigor struck the watcher in the face with it. This seems to have had the desired effect, for it not only awoke the watcher but knocked him down, awakening also the nurse and the man with fever. The position of affairs and scene sent the mumps man into fits of laughter so uncontrollable that it threatened not only to crack his sides but his cheeks. The fever man saw the joke, and had just sufficient reason in him to enjoy it. He laughed, too. Then nurse and watcher joined, and there was a quartette of laughers, who, "for fifteen or twenty minutes," literally brought down the house in their night-shirts, to find out what all this row could be about in the dead hour of the night. To follow the account given in the Pittsburg *Gazette*: "When the doctor came in the morning he found his patients vastly improved; said he never knew so sudden a turn for the better; and now both are up and well." We commend this medical discovery to the special attention of earnest workers in the profession, in the hope that doctors will henceforth find it desirable to recommend a proper supply of pillows and sleepy watchers to be always at hand in cases of mumps and brain fever.

DEAN OF THE FACULTY.—One of the chief titles of distinction in the Scotch law is "The Dean of the Faculty;" and when *Sidney Smith*, Dean of St. Paul's, first met in company a gentleman bearing that title, he assumed a reverential expression, and said, "A most surprising title; for in England the Deans have no faculties."

MEAD.—Radcliffe, who died in 1714, was succeeded by his protege, Dr. Mead, the son of a dissenting minister at Stepney, who first practiced inoculation in England. Though an ardent whig, Mead was a friend of Pope, Garth, and Arbuthnot. Educated at Utrecht, Leyden and Padua, Mead became famous at an early age, and soon acquired a European reputation. Though a mild, forbearing man he once drew his sword on a scurrilous rival, Dr. Woodward, and forced him to beg his pardon. His grand house in Great Ormond street contained a library of 10,000 volumes, and curiosities innumerable, which he conld well afford to purchase out of his £6,000 a year. A liberal patron of arts and sciences, he helped to start the Foundling Hospital, and was generous to artists and scholars. As physician to St. Thomas' Hospital, Anatomical lecturer to the Surgeon's Company, and Vice President of the Royal Society, he knew every one who was eminent. He corresponded with his old fellow student, Boerhave, and was eulogized by Pope, who says: "I highly esteem and love that worthy man."

Like his patron Radcliffe, Mead was fond of taverns. He spent his evenings at Batson's coffee-house; and in the forenoons apothecaries used to consult him for half-guinea fees at Tom's coffee-house, near Convent Garden. With all his learning, Mead believed that the sun and moon had influence over human bodies, and wrote a work on the subject.

FOTHERGILL.—At the age of 20 Fothergill, the son of a planter in Tortola, released his 50 slaves and became a voluntary beggar; then commencing practice, he amassed nearly £1,000 in six months, and came to England, where he soon became renowned for his benevolence and learning.

LETTSOM.—Passing over Friend, whose Jacobitism got him into the Tower, and Cheselden, with his predilection for pugilism, we pass on to that excellent man, the Quaker physician Lettsom. When only 40 years of age Dr. Lettsom is said to have made $12,000 per annum. The charity and generosity of this amiable man knew no bounds. For a highwayman who stopped him and took his purse he obtained a commission in the army. His rich patients he neglected for the poor. He was one of the earliest supporters of the Margate Sea-bathing Infirmary. He promoted vaccination, and helped forward the Royal Humane Society. Lettsom is described as a tall man, with a dark yellow face. The well-known epigram upon him ran:

When any sick to me apply,
I physics, bleeds, and sweats 'em;
If after that they choose to die,
What's that to me?—I Lettsom.

LADIES AND FEMALES!—An English clergyman thus announces Lenten services:

"There will be classes at 12, for *ladies*, on Monday and Thursday; at 12.15, for *females*, on Tuesday and Friday; at 5.30, for gentlemen, on Wednesday and Saturday; at 7 P. M., for *females*, on Monday and Thursday; at 8 P. M., for males, on Tuesday and Friday."

It appears that Englishmen are ecclesiastically divided into gentlemen and males, and Englishwomen into ladies and females.

VALETUDINARIAN—DESCRIPTION OF THE.

Some men employ their health, an ugly trick,
In making known how oft they have been sick;
And give us, in recitals of disease,
A doctor's trouble, but without his fees;
Relate how many weeks they kept their bed,
How an emetic or cathartic sped;
Nothing is slightly touched, much less forgot,
Nose, ears, and eyes, seem present on the spot.
Now the distemper, spite of draught or pill,
Victorious seemed, and now the doctor's skill;
And now—alas for unforeseen mishaps!
They put on a damp nightcap and relapse;
They thought they must have died, they were so bad,
Their peevish hearers almost wish they had. *Cowper.*

RADCLIFFE.—Foremost among the old English physicians whom we propose to sketch must stand out that blunt, irascible Yorkshireman, Dr. Radcliffe whose memory the great library of Oxford (for which he bequeathed £10,000) will never allow to perish. Though there was perhaps a certain pride about his honest bluntness, we must respect the man who could tell the truth even to royal patients.

Two years after his arrival in London Radcliffe was appointed physician to the Princess Anne, of Denmark; and soon after the accession of King William was rewarded for the cure of two of William's favorites by a present of 500 guineas from the privy purse. Though refusing the position of court physician, Radcliffe is said to have received from the King, in six years, nearly 8,000 guineas. His gains, indeed, seemed to have been enormous; for in 1691 he received 1,000 guineas from Queen Mary for successfully prescribing for the young Duke of Gloucester, the son of the Princess Anne; and we cannot disbelieve the story that Dr. Gibson made 1,000 a year by receiving patients who were unable to obtain admission to Dr. Radcliffe. In 1694 he attended the good Queen Mary for the small-pox, and on merely reading the prescriptions of the other physicians, at once pronounced her "a dead woman;" a prediction very soon verified. Queens and princesses might shrug their pretty shoulders at his name, but they could not dispense with Radcliffe's services, and we find him telling a messenger of the princess Anne, "that she had nothing but the vapors, and was as well as any other woman in the world could she but think so." He was dismissed the court for this hit. Even royal pride, however, had to bow before the great doctor, and he was, in 1669, again sent for to see the Duke of Gloucester, whom he at once, abusing roundly the two court physicians, pronounced as beyond reach of medicine.

In 1695 King William gave Radcliffe £12,000 and made him the offer of a baronetcy, which he declined, for having gone aboard to attend the Earl of Albermarle, who, on his recovery, had sent him 400 guineas and a diamond ring. Even the King Radcliffe did little to conciliate, and told him frankly that all promises to cure him were futile. He might, he said if he gave up drinking long toasts with the Earl of Brandford (who drank hard,) live three or four years; but no art could carry him further. When the King was finally seized with dropsy, and asked the doctor what he "thought of his leg," Radcliffe replied, "Why, truly, sir, I would not have your Majesty's two legs for your three kingdoms."

Can we wonder that William even afterward refused to see the blunt doctor, in spite of the intercessions of the Earl of Albemarle and other nobles?

For many years Queen Anne remembered the message about the vapors, and never sent for him to the palace; but when her own husband, Prince George of Denmark, was dying, she had again to bate her pride. But Radcliffe was both blunt and rough, and told her plainly that no medicine could preserve him more than six days; and the prince died of dropsy within that time.

Fond as Radcliffe was of money, he could bear losses philosophically, if the story is true, that, losing £5,000 in a foolish commercial adventure, he coolly remarked in his city tavern, that, after all, it only amounted to going up 5,000 more pairs of stairs. He was equally calm when he lost £15,000 down. With that strange inconsistency common to human nature Radcliffe though he hated breaking a guinea for small payments, was charitable in a large way. He secretly sent £500 to the nonjuring clergy of Norwich, and on another occasion £300 to the poor Episcopal clergy of Scotland.

To those whom he respected the doctor was rough; to those whom he despised he was terrible indeed. Tyson, of Hackney, a notorious usurer and miser, once came to him disguised as a poor man in order to save the fee. Radcliffe recognized him, and at once shook Death's dart in his face.

"Go home, sir, and repent," he roared. "The grave is ready for the man who has raised an immense estate out of the spoils of orphans and widows. You will be a dead man, sir, in 10 days."

Tyson died within the time, having the wretched satisfaction of leaving behind him £300,000.

Book Notices, Etc.

ORGANON OF THE ART OF HEALING, by Samuel Hahnemann. Fifth American Edition, translated from the Fifth German Edition by C. Wesselhoeft, M. D. Boericke & Tafel, New York and Philadelphia, 1876.

This is the third original translation of Hahnemann's masterpiece. The first was made by Charles H. Devrient, and published in Dublin, 1833; the second by Dr. R. E. Dudgeon, published in London, 1849. The present translator, while endeavoring to produce a perfectly correct translation of the original, has avoided too close an adherence to Hahnemann's construction, style and punctuation. Dr. W. has aimed to give an entirely new and independent translation, and with deep reverence for the author and loyalty to the truth he has accomplished his task.

We reprint one paragraph of the translator's preface with much satisfaction:

"As for the rule *similia similibus curantur*, physicians agree that it is a most practicable guide to aid us in the selection of most, perhaps of all, medicines. We accept it as an empirical fact, not as a theory or hypothesis, as our opponents quite erroneously term it. The explanations of its workings are as numerous and varied as they are unsatisfactory, from Hahnemann to the latest expounder. Yet the rule is a good and safe one, and though imperfectly explained, we may continue to apply it in practice, till at some future time we may enjoy the privilege, not only of contemplating what we have cured, but also how it was done."

HEADACHES: THEIR CAUSES AND TREATMENT. By E. B. Shuldham, M. D. E. Gould & Son, London, England.

A neat manual of eighty 12mo pages, in cloth cover, written in a style which evinces ripe medical knowledge and rich literary taste. When space will permit we shall take pleasure in printing extracts from it.

THE PHYSICIAN'S VISITING LIST for 1876. *Lindsay & Blakiston, Philadelphia.*

One of the most simply arranged Visiting Lists that is published and for some 25 years always prompt in appearance and reasonable in price.

THE PHYSICIAN'S DIARY FOR 1876. *Published at the office of the Journal of Materia Medica, New Lebanon, N. Y.*

A well bound Visiting List, neatly arranged and well printed, and sold for one dollar only.

Personal Notices, Etc.

NECROLOGICAL.

Editors "*Monthly Hom. Review*" publish the following notice of Dr. Ruddock's demise in their January number.

E. H. Ruddock, M. D.—We much regret to announce the death, after a very brief illness, of Dr, Ruddock, the author of numerous well-known manuals of popular medicine, and editor of the *Homœopathic World.*

Dr. Ruddock returned from his city chambers to his residence in Reading, on Friday, the 17th ult., feeling chilly; nevertheless, and notwithstanding the intense coldness of the evening, he was induced to visit a patient. On his return home he was prostrated with an intense rigor, followed by acute pain in the lower dorsal portion of the spinal column. He rapidly lost consciousness, and on the 19th sunk into a state of coma, from which he never completely rallied. His death took place on the 23d ult., in the fifty-third year of his age.

Dr. Ruddock was a strikiug specimen of the success which waits upon well-directed energy and inflexible determination. The son of poor parents, receiving only an indifferent education, and his youth passed in manual labor, he was an entirely self-made, self-taught man. His original trade was, we have understood, that of a stonemason. He was, we believe, early brought under the notice of the late Mr. Turner, then a chemist in Manchester. Through him he was enabled to open a shop, and act as an agent for the sale of Mr. T.'s medicines. This he did at Hanley, in the Potteries; at the same time he traveled throughout that district, selling Turner's medicines and books on homœopathy.

His next move was to Woolwich, where he opened a shop as a homœopathic chemist. Whilst there he attended the lectures at St. Bartholomew's Hospital, and was in due course admitted a member of the College of Surgeons. He subsequently received the degree of M.D. from the University of Erlangen, and the license of the College of Physicians of London. After practising for a short time in the neighborhood of Woolwich, he removed to Reading, where he has since resided.

Dr. Ruddock will be remembered, as he has been chiefly known, as an indefatigable book-maker. His popular handbooks of practical medicine have had a large circulation in all English-speaking parts of the world. Without literary merit, and possessing no claim to originality of observation, or depth of research, they are on the whole better than any works, having a similar end in view, with which we are acquainted. Through these and the monthly journal he edited, *The Homœopathic World*, Dr. Ruddock was widely and favorably known. He has done a good work for homœopathy; and we can ill afford to lose the services of one who has devoted so much energy, who has toiled so laboriously, and who was still ready for fresh exertions in promoting the advancement of that cause, the interests of which we hold so dear.

LOCATIONS.

First Class City Practice of $10,000 per year, and increasing, can be purchased for $5,000. Address B. C. D., care "*American Observer*", Detroit.

REMOVALS.

Johnson. Dr. S. A. Johnson, from Kalkaska, Mich. to Freeport, Mich.
Knapp. Dr. H. Knapp, from San Francisco, Cal. to Virginia City, Neb.
Mason. Dr. D. E. Mason, from Charles City, Iowa, to Beloit, Wis.
Mathias. Dr. A. C., from Jacksonville, Oregon, to Canada, Mich.
Littlefield. Dr. J. J. Littlefield, from Auburn, Ind. to Adrian Mich.
Sprague. Mrs. Dr. H. J. Sprague, from Ovid, Mich. to Indianapolis, Ind.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

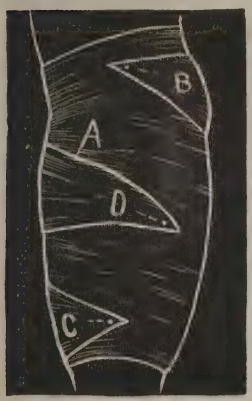
A MANUAL OF BANDAGING.*

TRIANGLE OF THE LEG.

Description.—A triangle one yard in length at the base, and eighteen inches in height.

Application.—Place the base of the triangle, A, obliquely across the front of the leg, and carry the superior extremity around below the patella, and confine with a pin, B. Then conduct the inferior extremity around the lower part of the leg, and also confine it, C. Then carry the apex of the triangle around the "calf" of the leg, also confining it with a pin, as at D.

FIG. 81.



Triangle of the Leg.

Uses.—Useful in confining dressings to the parts it covers, and also for maintaining compression, when this may be required.

Variety.—This bandage may be applied to any part of the leg, or even to the arm and forearm, fulfilling similar indications in diseases or injuries of those parts.

FOUR-TAILED BANDAGE OF THE LEG.

Description.—A piece of cloth wide enough to sufficiently cover the diseased portion of the member. This is then to be cut back, at the ends, to near its centre, as you see in the compress (figure 4), upon page 508, Observer 1875.

* Continued from page 96.

Application.—The plane of the bandage is to be placed over the calf of the leg, and the two superior ends carried forwards, and around the leg, below the patella, and confined. The two inferior ends are then to be conducted about the lower portion of the leg, and also confined by tying,

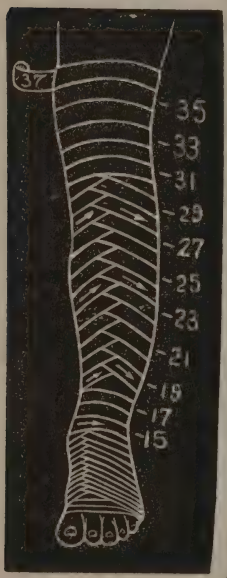
Uses.—To confine cataplasmata, or other dressings, upon the gastrocnemial and soleal region.

REVERSED SPIRAL OF THE INFERIOR EXTREMITY.

Description.—This bandage is made from a roller eighteen yards in length by two inches in width.

Application.—Place the initial end of the bandage at the metatarso-phalangeal articulation, and confine by two circular turns about the foot at this point. Continue on about the foot in the same manner, only making a reverse at each course of the bandage, until the ankle is reached, as you see in the wood-cut. Or, it is sometimes best to make the last two or three turns about the foot and ankle in figure-of-8's, as you see in wood-cut number 73, page 87. It is also often necessary to fill up the hollows about the ankles with cotton-wool. Having got so far in the application of the bandage, make three or four spiral turns about the lower part of the leg, courses 15, 16, 17, 18 in the figure, before you begin the reverses about the leg,—courses 19 to 30 inclusive; you then come to the knee, which may be covered in by The Testudo, figure 77, page 93, or the simple spiral turns, 31, 32, 33, 34 and 35 in the cut. Having cleared the femuric condyles, you then make spiral reverses to the hip, where you confine the bandage in the usual way.

FIG. 82.



Reversed Spiral of the Inferior Extremity.

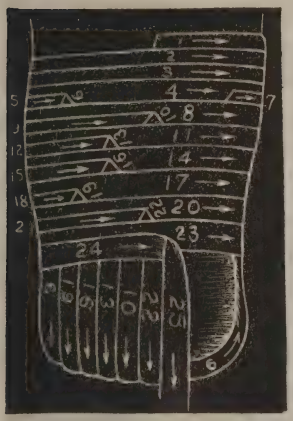
Uses.—For all the multitudinous purposes such an injured or diseased member may demand. The same caution should be observed here as was spoken of under the Reversed Spiral of the Superior Extremity, page 29.

RECURRENT FOR AMPUTATED THIGH.

Description.—This bandage should be twelve yards in length by one and three-quarter inches in width.

Application.—Place the initial end, 1, upon the front of the thigh, and confine by three horizontal circular turns, 2, 3 and 4. Continue the course of the bandage about the limb, horizontally, finishing turn 5 at the lateral border of the member. Reverse the bandage at *right angles*, and continue course 6 down the limb, across the stump, then up to the fourth course of the bandage, thus finishing turn 6. Reverse, now, the bandage at right angles again, and encircle the member for turn 7, finishing it, anteriorly, at the middle of the limb, as course 8. Continue the bandage on in the same course to finish turn 9 upon the member's anterior surface. Again you reverse at right angles, and carry the bandage longitudinally down the limb and across the stump, thus making the tenth course of the bandage. The remaining courses of the bandage are applied similarly to those just described. At last, when the stump is covered, and the bandage exhausted, confine in the usual way, by pinning.

FIG. 83.



Recurrent for Amputated Thigh.

Uses.—For confining dressings to a "stump." Is somewhat "tedious" of application, and hence the two following bandages are to be preferred to it.

Variety.—This bandage is equally applicable for any stump of the leg, or of the upper extremity. It would then be of the same width, but somewhat shorter. It would then be known (from its respective uses) as *The Recurrent for an Amputated Leg; The Recurrent for an Amputated Forearm; The Recurrent for an Amputated Arm.* A somewhat similar Recurrent has been devised for a hip-joint stump, and also for a shoulder-joint stump. The same objection holds good against these bandages, as the one just described; viz.: rather more ornate than useful.

TRIANGLE FOR THIGH STUMP.

Description.—This should be a triangle having a base one yard in length, and a height of eighteen inches.

Application.—Place the middle of the base of the triangle, A, upon the anterior surface of the thigh, at a proper distance from the cut surface; carry the two extremities backwards about the member, and bring them forwards, after crossing them, to pin at the front, B and C. Carry, then, the apex of the triangle directly across the stump and up the posterior surface of the limb, pinning to the crossed extremities B and C.

FIG. 84.

Triangle for Thigh Stump.

Uses.—This is a very convenient bandage for protecting a stump from injury from clothing and the like, and also for confining cataplasmata.

Variety.—By varying the size of the triangle, it can be made to answer for any stump of either the upper or lower extremity. It would then be known as *The Triangle for Leg Stump*, *The Triangle for Arm Stump*, etc., according to the part upon which it might be applied.

MALTESE-CROSS FOR THIGH STUMP.

Description.—I. A piece of lint, or cloth, sixteen inches square, cut to the form of a Maltese cross, see figure 7, page 510, 1875.

II. A roller two yards in length, by two inches in width.

Application.—Place the centre of the cross, A, over the centre of the stump, and fold the edges over each other, B and C, as you see in the wood-cut, so that they may lie as smoothly as possible. Then confine with the roller by the use of circular turns about the limb, using reverses, if need be.

FIG. 85.

Maltese-cross for Thigh Stump.

Uses.—Similar to the Stump-triangle, and equally useful and easy of application.

Variety.—By varying the size of the cross, and the roller, this bandage is equally applicable for any stump of either extremity. It makes most an excellent dressing for hip or shoulder-joint stumps. It would then be *The Maltese-cross for Leg Stump*, *The Maltese-cross for Arm Stump*, etc., according to the uses for which it is employed.

CAPUTINA.

(Rosette Stump Dressing.)

Description.—Take from nine to fifteen strips of cloth (according to the size of the stump), having each one one and three-quarter inches in width, by two and a-half feet in length.

FIG. 86.

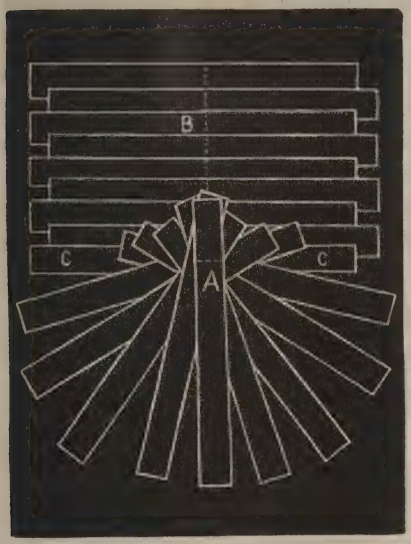


Diagram of the Caputina.

These strips are to be placed in two groups. One set should be so arranged as to form a half rosette, A, whilst the others should be arranged in a parallel group, B, each strip slightly overlapping its fellow. The half-rosette, including one strip parallel with the second set, is made secure with a pin, or stitches, at the point of radiation of the different pieces, called its center, as A. The horizontal strips of parallels may now be stitched together at their centers, though this is not necessary. The whole bandage is then spread upon a newspaper. The horizontal strip, C, of the rosette is laid upon the first piece of the parallel strips (so that the set of parallels becomes but an extension of the rosette),

and fastened to it. The object of spreading it upon the paper is only for convenience in carrying and handling.

Application.—The stump is now made ready for this final bandage. The *centre*, A, figure 86, is placed opposite the median line of the under surface of the stump, at a point some six inches from its end, and confined there by the long cross strip, C–C, which encircles the member. The remaining portions of the rosette are then laid, smoothly and successively, over the stump, covering the end completely. The bandage is then finished by passing the horizontal parallel strips, B, over the remaining portion of the limb, securing the free ends of the rosette that are folded over its anterior surface, thus completing the dressing which is represented, as applied to a thigh-stump, in figure 87.

FIG. 87.

Caputina applied.

These parallel strips may be used more or less extensively upon the limb, as the exigencies of the case may seem to demand. This bandage is really but the extension of the principle of that of Scultet's, the whole upper portion, B, figure 86, being but the bandage of Scultet.

Uses.—This bandage is used only in the dressing of stumps; and it is particularly valuable where pressure is required,—as when the flaps retract, making the wound gape, and thus leaving the bone exposed. In its application the stump needs be lifted but *once, i. e.*, when the bandage, lying upon the paper, is first slipped under—a *desideratum* wanting in all other stump-dressings.

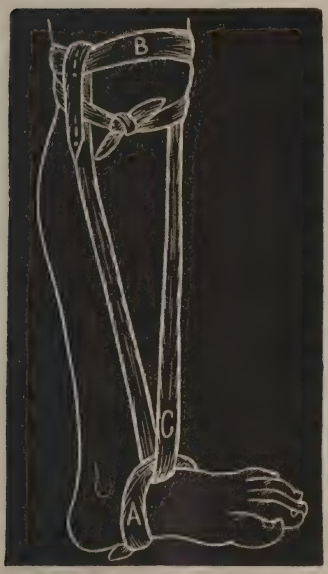
TARSO-PATELLAR CRAVAT.

Description.—I. Two cravats, each one one yard in length.

II. A third cravat one-half the length of the others.

Application.—Tie the smallest of the cravats about the instep, as A. Take, then, one of the remaining, place its centre, B, above the patella, and carry both ends backwards around the lower portion of the thigh, crossing them at the back, and bringing them diagonally downwards and forwards, below the patella, there tying. Take, then, the third cravat and carry it through to its centre, C, of the "stirrup" formed by the one first applied, A, and conduct each extremity, one upon each side of the leg, up and under the loops of the one applied at the patella, B. Flex the foot, to a sufficient degree, upon the leg, and then fasten the cravat last applied by pinning the extremities.

FIG. 88.



Tarso-patellar Cravat.

Uses.—Mayor proposed this bandage for cases of knee-pan fractures. It is more suitable in cases of the rupture of the ligamentum patellæ, in transverse wounds of the instep, and in cases of talipes equinus, where extension of the tendon Achillis is required; or, after its division, to properly place the foot that it may overcome this deformity.

TARSO-CRURAL CRAVAT.

Description.—I. Two cravats, each one one yard in length

II. A third cravat eighteen inches in length.

Application.—So similar to that of the preceding that no wood-cut is necessary; the only difference being that the second one (B, in the preceding figure) is to be applied about the upper portion of the thigh, and to this the long cravat C (of the preceding cut) is to be fastened, after it has been passed through the cravat-stirrup, A, about the foot.

Uses.—The mechanism of this bandage is to forcibly flex the foot, and at the same time the leg, upon the thigh, and hence is useful in cases of rupture of the soleus or gastrocnemius muscles, or their common tendon, and in transverse wounds of the back of the heel or leg.

Variety.—*Tarso-pelvic Cravat.* The only difference here being that the cravat is tied about the pelvis instead of about the upper portion of the thigh. The uses are identical to those of the Tarso-crural.

SCAPULO-TIBIAL TRIANGLE AND CRAVAT.

(Sling for the Inferior Extremity.)

Description.—I. A cravat, or scarf, two yards in length.

FIG. 89.

Scapulo-Tibial Triangle and Cravat.

II. A triangle whose base measures one and one-half yards, and whose height is two feet.

Application. — Tie the scarf over the shoulder opposite the injured leg, as A. Place the base of the triangle, near its middle, at anterior surface of the leg, B, and carry the two ends upwards and tie into the "sling" formed by the cravat. Then pin the apex of the triangle at the outer side of the leg, to the base of the triangle, as at C, folding it across the front of the knee, so as to prevent the member slipping too far forwards, and out of its support.

Uses.—To support either lower extremity, when injured; or to hold moderately flexed the leg upon the thigh. Is a very convenient and useful dressing.

SLING OF THE LOWER EXTREMITY.

Description.—A cravat long enough to reach from the neck to the foot, and back again, to tie about it. It is also made from webbing, with a buckle attached, as represented in the cut.

FIG. 90.

Sling of the Lower Extremity.

Application.—The limb having been properly bandaged, the cravat or webbing, at its centre, is to be passed underneath the foot, and then tied about the neck.

Uses.—As a support, merely, of an injured foot, leg, knee, or thigh, when walking with crutches is allowable.

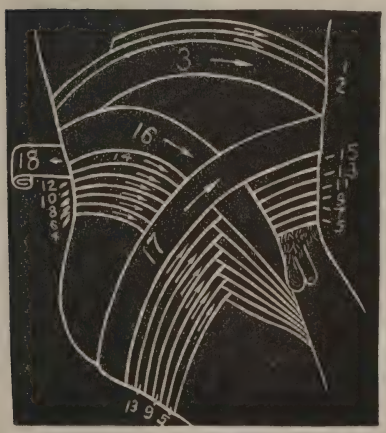
CROSS OF THE GROIN.

(Ascending Spica of the Groin.)

Description.—This should be made from a roller nine yards in length by two inches in width.

Application.—Place the initial end of the bandage at the front of the abdomen, 1, and confine by the two horizontal circular turns 2 and 3. Continue on in the same course till you come to the ilium of the injured side, when you descend obliquely across the inguinal region, passing down between the thighs, thus completing the fourth course of the bandage. You then encircle the thigh of the same side, and, on coming to its anterior surface, ascend obliquely across the inguinal region, from without inwards, upon the abdomen, to the opposite side of the body, thus completing the

FIG. 91.



Cross of the Groin.

fifth course. Course 6 is made similarly to course 4; course 7, to course 5; course 8, to course 6; course 9, to course 7; and so on until the roller is nearly exhausted, when you make one or two horizontal turns about the abdomen, and confine.

Uses.—For maintaining dressings upon the inguinal region; also for making compression upon any of the enlarged glands in this neighborhood, and for maintaining a replaced herniæ.

Variety.—*Descending Spica of the Groin.* This differs from the preceding only in having the courses of the bandage across the groin run from above downwards; that is, course 4 of the bandage is put in the line of course 16; course 5, in the line of course 17; course 7, in the line of course 15, and so on.

TRAPEZOIDAL T OF THE GROIN.

Description.—I. A piece of cloth, cut to the shape of a trapezoid, sufficiently large to cover the groin.

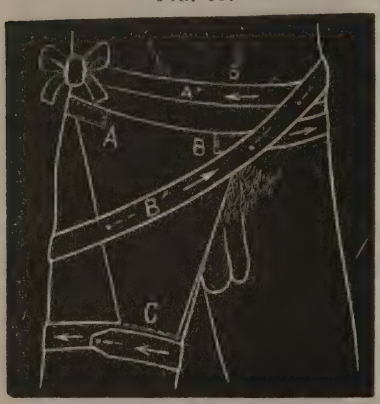
II. To one of the angles of the base of this trapezoid, the external superior (as A in the following figure), stitch a small roller, two yards in length by one and three-quarter inches in width.

III. To the other extremity of the base, B, stitch another roller of the same width, but three yards in length.

IV. Across the apex of the trapezoid stitch another roller, having the same width, but being two feet in length, as at C.

Application.—Place the base, A–B, of the trapezoid above the injured groin, and encircle the abdomen with the roller A, as A′. Conduct the roller B across the crest of the opposite ilium, then diagonally downwards across the sacrum and nates to a point considerably below the great trochanter, and then obliquely upwards across the trapezoid, as B′, and the abdomen, to pass around the back again, and tie with the portion A at the side. Pin the portion B′ to the trape-

FIG. 92.



Trapezoidal T of the Groin.

zoidal piece of lint, and also to the roller-turn A′. This done, encircle the thigh with the roller from the inferior portion of the trapezoid, as at C, confining it with a pin.

Uses.—For maintaining cataplasmata and other dressings to the groin and anterior surface of the thigh, when the patient is kept in the recumbent posture. Is of little or no value in exercising compression, and hence does not, in this particular, take the place of the Spica of the Groin just described.

CRURO-INGUINAL TRIANGLE.

Description.—A triangle one yard in length across its base, and some eighteen inches in height.

Application.—Place the base of the triangle, A, just above and to the inside of the anterior spine of the ilium, the right for example, in an oblique manner; carry, then, the internal (inferior), extremity about the injured thigh, from within outwards, and pin, as at B. Then conduct the other extremity around the body, bringing it forwards and obliquely downwards across the opposite inguinal region, C, and pin to the base of the triangle. The apex is then to be carried backwards and downwards across the gluteal region of the injured side, and confined as usual.

FIG. 93.

Cruro-inguinal Triangle.

Uses.—This bandage of Mayor's is very useful in confining dressings to one of the nates, upper part of the thigh, or one of the inguinal regions.

Variety.—The *Cruro-pelvic Triangle* is made, essentially, in the same manner; the only difference being that the base of the triangle is applied farther up upon the abdomen, thus adapting it more especially for confining dressings about the crest of the ilium, and the lower lateral portion of the abdomen.

CRURO-PELVIC CRAVAT.

(*Inguinal Cravat.*)

Description.—A wide cravat one yard in length.

FIG. 94.

Cruro-pelvic Cravat.

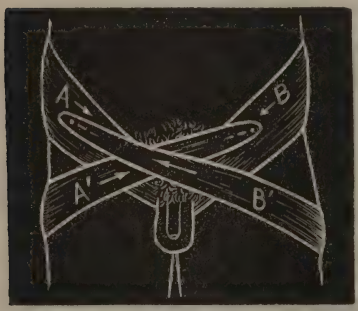
Application.—Place the middle of the cravat at the pubic region, as A, carry, then, the superior extremity, or the one to the opposite of the diseased side, obliquely up across the opposite inguinal region, over the iliac crest, and around the back; then conduct the other extremity about the thigh of the injured side, as B, mounting up across this inguinal region, and at last tie with the other extremity at the side, as at C.

Uses.—For confining dressings upon the supra-pubic, inguinal, and lower gluteal regions.

SACRO-BICRURAL CRAVAT.

Description.—Two cravats, each four feet in length. Tie them together at one of their extremities.

FIG. 95.



Sacro-bicrural Cravat.

Application. — Place their point of tying at the lumbo-sacral region, bringing both free extremities, A and B, forwards and downwards across the inguinal regions, one upon each side; then pass them in between and around the thighs, and conduct them obliquely upwards and across the ilio-pubic regions, A′ and B′, to confine them there with pins.

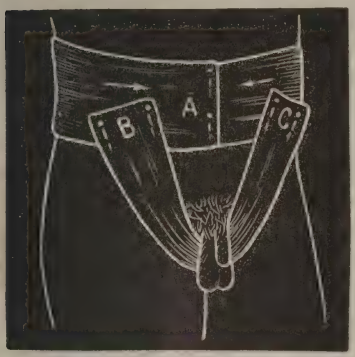
Uses.—For confining dressings upon *both* groins, as in cases of bilateral buboes.

DOUBLE T OF THE PERINÆUM.

Description.—I. A broad band, long enough to encircle the body.

II. Two strips, each one yard in length by two inches in width, sewed at right angles to the broad band, one inch from each other, at its central portion.

FIG. 96.



Double T of the Perinæum.

Application.—Place the centre of the broad band at the lumbo-sacral articulation, and confine it about the body, as at A.

Bring forwards, between the thighs, each of the other strips, and pin them to the broad portion of the bandage, as at B and C.

Uses.—To maintain dressings upon the sacrum, anus, perinæum, and vulva.

Variety.—*Simple T of the Perinæum.* This differs from the above only in having a single perinæal strip. Is used for the same purposes for which the Double T is employed.

PERINÆAL CRAVAT.

Description.—I. A broad bandage to encircle the abdomen, as in figure 96.

II. A cravat two feet in length.

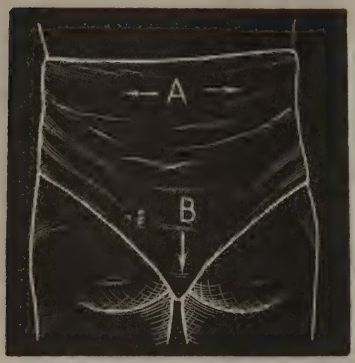
Application.—Having applied the abdominal band, as in the preceding cut, A, pin (or button) one end of the cravat to the sacral portion of the broad band; pass the other extremity between the thighs, and pin at the pubic portion of the band.

Uses.—Similar to the "T Bandages of the Perinæum." Ladies make use of this cravat for protecting themselves against the menstrual flow.

SACRO-PUBIC TRIANGLE.

Description.—This should be a triangle one yard in length, by eighteen inches in height.

FIG. 97.



Sacro-pubic Triangle.

Application.—Place the base of the triangle, A, at the lumbo-sacral region, with the apex downwards, and carry the two extremities forwards around the body, tying, or pinning, at the front. Then carry the apex, B, of the triangle forwards between the thighs, and pin, at the pubes, to the tied extremities.

Uses.—To retain dressings upon the sacral and lower lumbar region, the perinæum, vulva and anus.

FOUR-TAILED BANDAGE OF THE HIP.

Description.—A piece of cloth one yard in length, by eight inches in width, torn to a four-tailed bandage; see figure 4, page 17.

Applciation.—Place the plane of the bandage over the diseased hip, and carry the two superior ends around the pelvic brim, and confine by tying. Then conduct the two inferior extremities about the upper portion of the thigh, of the side diseased, and fasten as usual.

Uses.—To confine cataplasmata and similar dressings, to the parts it covers.

COXO-PELVIC TRIANGLE.

(*Triangular Bonnet of the Nates.*)

Description.—I. A cravat four feet in length.

II. A triangle having a base one yard in length and a height of eighteen inches.

FIG. 98.

Coxo-pelvic Triangle.

Application. — Encircle the lower portion of the abdomen with the cravat D, and confine by tying. Then place the middle of the base of the triangle, A, below the great trochanter, with the apex upwards; then encircle the thigh with the free extremities of the base, and confine by tying as at B. This done, carry the apex of the triangle upwards, and confine it to the cravat, as you see in the wood-cut, at C.

Uses.—To retain soft dressings to the parts it covers.

LUMBO-SCROTAL TRIANGLE.

(Suspensory Bandage of the Scrotum.)

Description.—I. A cravat sufficiently large to encircle the body.

II. A triangle, having a base of fourteen inches and a height of ten inches.

Application.—Tie the cravat, A–A, about the lumbo-hypogastric regions. Place the base of the triangle close up to the pubes, beneath the scrotum, and carry the ends, B, B, up over the cravat, then down beneath it, and forwards again, as you see in the cut, and tie in front as D. Carry the apex of the triangle upwards across the front of the scrotum, passing beneath the tied extremities, and beneath the cravat, and fold down over and in front of the cravat, confining with a pin.

FIG. 99.

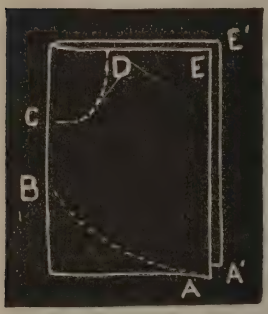
Lumbo-scrotal Triangle.

Uses.—As a suspensory bandage for the scrotum, and its contents, and as a retainer of dressings to the parts.

BOURSE OF THE SCROTUM.

Description.—I. A piece of cloth, folded to a double square, six or eight inches in size. Cut of the folded corners by the dotted lines, A–B, and C–D, in figure 100. It is then to be stitched across, from A to B, and from C to D.

FIG. 100.



Bourse of the Scrotum.

II. Around the upper portion of this, E–D–E′, is to be stitched, at its central portion, a roller two inches in width by four feet in length.

III. To each inferior extremity, A and A′, there is to be stitched a roller one inch in width by two feet in length.

Application.—Place the scrotum in the bourse, and draw the penis through the opening left at D, C. Conduct the broad band around the body, and confine by tying. The other two strips, that are attached to the inferior portion of the bandage, are to be carried between the thighs, across the perinæum, and up over the buttocks, one upon each side of the body, and confined to the broad band that encircles the abdomen.

Uses.—To retain dressings to the scrotum, or to exercise compression upon its contents; but more especially as a suspensory bandage. Rubber makes a good substitute for the linen bourse when compression is demanded, as proposed by Richard and Nélaton, in cases of voluminous varicoceles and sarcoceles. Nélaton employed, in these cases, small *tubes caoutchouc vulcanisé*, and by so doing forestalled the American surgeon in a similar use of the *capote*. Compression can also be maintained by the use of adhesive strips, which method is fully described in the Chapter upon Strappings.

DOUBLE T OF THE TRUNK.

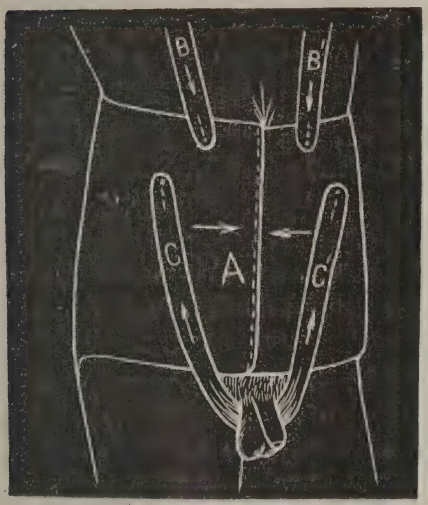
Description.—I. A large, quadrilateral portion of cloth to encircle the abdomen.

II. Two strips, sufficiently long to pass over the shoulders, to act as "suspenders."

III. Two strips of the same length to be passed across the perinæum.

Application.—Having encircled the abdomino-lumbar regions with the broad quadrilateral portion of the bandage, pass the two portions, B, B′, of the bandage from the posterior to the anterior surface, and confine with pins to the main bandage. Then, pinning the remaining two strips to each lumbar region of the broad bandage, conduct them forwards, across the perinæum, and upwards to the abdomen, there to confine; having care to have crossed them upon the perinæum, so that the strip fastened upon the right of the patient, posteriorly, shall be fastened upon the left, anteriorly, etc.

FIG. 101.



Double T of the Trunk.

Uses.—As a dressing after paracentesis abdominis, or eviscerating wounds. Also, as a retainer of pubic and perinæal dressings.

NOTE.—For the *Spiral of the Abdomen*, see page 72; and for the *Circular-Quadrilateral of the Abdomen* (and *the Abdomen and Thorax*), *and the Dorsal Cervico-Sternal Triangle*, see page 74.

The *uses* of these bandages are similar to those for which the Double T of the Trunk is employed.

HORSE HAIR SUTURES.

Dr. Fayrer says in a recent work: "Well selected white hair out of a horse's tail is in many respects better than any suture hitherto advised. * * * That from the tail of a white or gray horse is the best. I hardly know why it should be so, but I find the white is better than the black hair

The matter may appear a trifle, but it is nevertheless an important trifle, for if one can avoid the alleged inconvenience, and even danger, from suppuration, from the hemp and silk ligature, or the disadvantages of the wire, the subject is sufficiently interesting to be worthy of consideration.—*M. and S. Reporter.*

TREATMENT OF AURAL SUPPURATION.

One of the most troublesome class of cases to the surgical and the medical practitioner is chronic otorrhœa or suppuration of the ear, particularly those that involve the middle ear after an attack of scarlatina. They are so tedious in the hands of the medical attendant that he very frequently gives up the case in disgust or tells them it is an incurable one, instead of sending them to some intelligent aural surgeon to examine, and should he determine that the case can be reached by surgical means, for his treatment.

A very interesting discussion on this subject occurred at the last meeting of the American Institute of Homœopathy in a sectional meeting, which I had the pleasure of attending, but the stenographic report of which is not at hand. We recently met with some observations on this subject from another source, which are of interest. In a recent lecture, Dr. L. Turnbull (old school authority) on this subject offers the following useful hints:—If the discharge is mingled with blood, it assists in diagnosing the fact that disease of the bone exists, gives an unfavorable prognosis for most cases, and they are all tedious and difficult to cure, and very prone to lapse when once healed.

His mode of treatment is as follows (which we take from the Med. and Surg. Rep. No. 961):—"The first and most important matter is the removal of the secretions. This is accomplished by the syringe and a warm solution of borate and bicarbonate of soda, each one drachm, to a pint of hot water. But the syringe cannot be employed in this class of cases by the patient, owing in most instances to the softened and altered condition of the membrana tympani, the full stream of medicated water being apt to cause laceration. Again, the syringe is difficult to keep clean, and is apt to become dry and unfit for use. In the air douche we find a much more agreeable agent, always ready for use, not liable to get out of order, and perfectly safe in the hands of our patients.

If the physician employs the syringe, it should be done with much caution, using no force, being particularly careful that the piston be not stiff, and in no case should the stream ever strike the centre of the membrana tympani with force, but always directed to

one side, so as to obtain the reflux of the fluid. With all our precaution, syringing in a certain class of cases will cause giddiness and attacks of fainting and cough.

Should the patient be subject to boils or furunculous abscesses in the auditory canal, wetting the parts is to be avoided, the ear then being cleansed with cotton wool on a pair of angular or curved forceps. If the pus is in the middle ear, and the opening in the membrana tympani small, the patient being unable to force the matter out by the process of valsalver (namely a prolonged inspiration and an expiration with the nostrils closed), even if the operation is frequently repeated, then the physician must employ Politzer's process, which consists in this :—Take a straight or slightly curved tube, open at both ends twelve or fifteen inches in length ; this being introduced about half an inch within either of the anterior nares. The nares are then closed air tight over the tube by gentle pressure with the fingers on both alæ nasi, prior to which the patient takes a small quantity of water in his mouth, which he swallows at the same time that air is blown into, which may be done by the operator having the other end of the tube in his mouth or an india-rubber bag, being attached to the tube and compressed by the hand of the operator or assistant.

If the physician can attend to his patient every few days, it is better to use the Eustachian catheter, and blow the secretion out, as in this way, it is not so apt to pass into the mastoid cells, as when Politzer's process is employed. In this way all the secretions are thoroughly removed, and the Eustachian tube, the natural way of escape, is kept patent.

The third stage of treatment. In some of the cases simple cleansing will not remove the odor, owing to the decomposition of the purulent matter, and the generation of gases. This may be overcome by the use of antiseptics and disinfecting solutions, as for instance tar or chloral water, acetic alumen, carbolic acid, and permanganate of potassium and salicylic acid (make this solution in glycerine, three grains of fluid to ounce), and always in very weak solutions ; never more than from one to three grains to the ounce of tepid water, of the acetic alumen or permanganate of potassium, and of the carbolic acid from five to ten drops, of officinal diluted acid to the ounce, remembering that these agents must pass, if there is a

perforation of the membrana tympani, into the sensitive membrane of the middle ear.

Fourth. Almost all aural surgeons have agreed upon certain astringent substances which are safe, and proper to use in this class of chronic cases, and among the number the sulphate of zinc is one of the best, being employed in about the strength of from one to three grains to the ounce of water. Stronger solutions of this sort are resorted to, and are all right and proper if there be no perforation of the membrana tympani. But if there is an opening in this membrane, no matter how small, it is safer and gives less pain to the sensitive middle ear, to resort to the milder solution not exceeding three grains to the ounce of water. The aluminum salts are apt to cause abscesses.

Nitrate of silver in this class of cases is very objectionable, especially in very strong caustic solutions, even when subsequently neutralized by a solution of common salt. This agent, used in the manner above alluded to, may cause a new disease, which has been noticed in a work of high authority, and actually named "Aural Surgeon's Facial Paralysis," caused by the introduction of a strong solution of nitrate of silver into the left meatus (forty to sixty grains to the ounce of water) through a glass tube, and then blowing it through the Eustachian tube. This proceeding, which I consider most unjustifiable, caused at once excruciating pain in the head, and paralysis of all the muscles animated by portio dura.

I was consulted three months afterwards, when the paralysis remained complete. It is fortunate for these poor patients, that the constant use of electricity employed regularly for two or three months, cures Aural Surgeons' Facial Paralysis. If solutions of nitrate of silver are resorted to, from ten to twenty grains to the ounce of water is all that is necessary, and used only in properly selected cases.

Solutions of nitrate of silver should always be applied to the parts by means of a pledget of sponge, cotton-wool or by a glass rod. Even with all my care I have have known to follow, even such a solution, an acute attack of inflammation of the mastoid cells, threatening the life of the individual.

After the use of the astringent for four or five weeks, it is well to change it, or add a solution of two grains of sulphate of copper, or

nitrate of lead. In caries of the petrous portion of the temporal bone, which is apt to be developed in the course of this disease when improperly treated, or when there has been no treatment, sulphate of copper is highly spoken of by Rau.

Caries of the bone will cause its local destruction, and gives occasion to sudden loss of life from embolism, blood poisoning and inflammation of the brain substance, terminating in suppuration, one of the most frequent consequences of caries of the ear.

The pain of this form of caries is usually severe, and is described by the patient as of deep boring character, lasting for weeks without interruption, and often appears suddenly, especially during the night while in bed. According to Professor von Troltsch "It has frequently surprised me that when suppuration of the ear has taken a dangerous turn, lead lotions are colored black, and on the other hand this coloring no longer occurs when the process tended to improvement." This same authority states that "special care must be taken not to diagnose a carious process from the sharp penetrating odor of the discharge. The older the puriform secretion, and the more material for forming the fatty acids it contains, the more offensive is its odor. The safest indication of caries, according to the same authority, is "microscopic examination of the matter, which reveals to us particles of bone." This he considers very much safer than finding elastic fibres in the discharge, since these are found also in the cutis layer of the meatus, and of the membrana tympani.

The least suitable, although the most usual method of gaining the information as to the presence of caries in the deep parts of the ear, is the probe, especially when sight does not guide the hand, (i. e.) when the parts examined are not carefully illuminated and inspected during sounding."

SEA-BATHING IN THESE AURAL CASES.

Owing to the divers opinions regarding the injurious or beneficial effects of sea bathing, Dr. Guye lays down the following good rule to indicate the advantageous or injurious use of sea-water in aural diseases. Where there is labyrinthal disease, sea-water should not be recommended. When the labyrinth is affected, it can always be known by the dizziness which attends in addition to the other aural symptoms. Therefore, where this dizziness is absent, and where

other indications of disease in the labyrinth are not found, or where there is no hereditary predisposition, sea-water baths may be used without danger and with benefit to the patients.

AURAL FUNGUS.

The value of a direct diagnosis in ear diseases constantly comes under the observation of the aural specialist, and busy physicians should not undertake to decide such cases, and aside from removing inspissated cerumen from the meatus-auditorius, his surgical exploits in the treatment of deafness and other affections, involving the sense of hearing directly, should not be undertaken.

Dr. J. P. Cassells, of Glasgow, contributes to the January number of the Glasgow Medical Journal an interesting and instructive paper on "Fungous Ear Diseases," (Otitis parasitica), a form of disease which he believes has been almost overlooked in England. He, it appears, came to this conclusion from the fact, that, in 1874 Hinton had not seen such a form of ear disease, nor did he know of an aural surgeon who had.

From this circumstance Dr. Cassells formed the determination to investigate every case of ear disease with more care, the symptoms of which gave reasonable grounds for suspecting the presence of aural fungus. The result was that in May, 1874, he discovered three cases, and in June, a case in which fungus (Aspergillus nigricans) was found in both ears, since which he has had several cases in private practice. In April, 1857, a member of the profession, Mr. John Grove, also published a case in the Quarterly Journal of Micros copical Science, and gave some admirable drawings of the fungus fruit and its flocular mycelium, magnified four hundred diameters, and which were found to be beneath the surface and amongst the hexagonal pavement epithelium. This gentleman tells us also that in the previous September of 1856, he met with a beautiful specimen of fungoid growth, removed from the ear of a gentleman who suffered much from what was thought to be inflammation of the external meatus auditorius. At the end of some days treatment it was noticed that a peculiar flocculent mass came away after syringing the ear, and which upon examination proved to be a fungus. The disease was speedily cured by the daily use of an alum injection.

ANÆSTHETICS.

Through our department in the Observer we have always upheld the use of Ether, and endeavored to dissuade surgeons and dentists from the use of chloroform, and it is a pleasant satisfaction to see that the use of ether in operations is fast becoming more general, and chloroform less frequently administered.

The progress of this change has been rapid in this country, but in England more tardy, but it is likely to be continued, and we hope to hear soon of the banishment of chloroform from the surgical wards of all the hospitals of both hemispheres.

The Boston Med. and Surg. Journal, in quotation from a British exchange, has the following notes of the visit of an American physician to an English hospital, of interest on this subject:

"Those of our readers who have followed the ether and chloroform discussion in the English journals, have doubtless watched with interest the gradual change of opinion which has taken place in that country during the last few years, in favor of ether as an anæsthetic."

In this connection an account of a visit of our fellow townsman, Dr. Fifield, to the Royal Infirmary at Liverpool, will doubtless be of interest. Dr. Fifield, at the request of the surgical staff, demonstrated the American method of giving ether, in three different cases. A correspondent of the British Med. Journal says:

In each case Dr. Fifield gave ether, using no other apparatus than a conical hollow sponge. Complete anæsthesia was produced in each case in from three to four minutes.

Addressing the students and those assembled in the theatre, Dr. Fifield said that, although an American by birth, he had been educated in England and Paris; had no prejudice either for or against chloroform, and had enjoyed ample opportunities of witnessing the use of both chloroform and ether. The latter he had himself given in thousands of cases; had seen it given in the hospitals of New York, Boston, and other towns in his own country, and had never seen or heard of a fatal result. He was greatly surprised on his arrival here, to find that English surgeons still adhered to the use of chloroform, which in America was almost proscribed. The great superiority of ether was its perfect safety. The operator commenced and completed his task without the smallest anxiety as to the effect of the anæsthetic; whereas when chloroform was used, it was im-

possible, in spite of every precaution, to predict with certainty that the patient, although in comparatively good health, might not, before or after the operation was finished, be found a lifeless corpse. As to the mode of administration, no expensive or complicated apparatus was necessary. Nothing in his opinion was more suitable than a hollow conical sponge.

The ether should be given at once freely; a lavish use at first proved a saving of material in the long run. Etherization presents three definitely marked stages: First, that of muscular relaxation; second, tetanic convulsive action; third, complete surgical anæsthesia indicated by stertor, or what he called the "snoring stage," and unless this stage were fully reached, there was risk of partial failure, so far as full insensibility to pain was concerned."

While upon this subject, we would like to refer surgeons to the fact that ether dilates capillary blood vessels, and has a tendency in this way to keep a voluminous flow of blood through the heart, thus aiding the action of the heart, while the lungs are filled with the anæsthetic agent, and if the ether be not administered so freely as to produce asphyxia in the lungs, there is no fear of its producing death at all. Should the ether even produce asphyxia, the surgeon can restore the case again by the usual method of resuscitation, but of course the restoration must be commenced as soon as the asphyxia is noticed, otherwise actual death might result from the apparent one.

The chloroform death, however, is the result most generally of its direct action upon the heart, and when paralysis of the heart occurs, of course the asphyxiated condition of the patient can never be relieved, or resuscitation take place.

Bichloride of mephyline acts very much in producing death as chloroform does, but the nitrous oxide gas, if given in hazardous quantities, like ether always stops the breathing before it produces any action upon the heart, and hence resuscitation can here be easily depended upon. These two safe anæsthetics, ether and nitrous oxide gas, may be used conjointly for rapid anæsthesia, in this way: First, administer the nitrous oxide gas slowly, until the patient is becoming well under its influence, then this is removed, and at the same instant the ether is commenced before the patient has time to respire atmospheric air, and in from one to three minutes your patient will be ready for operation. Its effects of course are to be watched the same as in administering any anæsthetic agent, and air admitted to the lungs upon the exhibition of twitchings, stertor or convulsive movements on the part of the patient.

Materia Medica.

S. A. JONES, M. D., ANN ARBOR, MICHIGAN, EDITOR.

HIPPOMANE MANCINELLA.*

As the paper from which I derive these experiments is too voluminous for republication, I have extracted only so much of it as is of absolute value.

"The fruit, when ripe, is soft and spongy, and when tasted seems at first quite insipid, but leaves in the mouth a sharp and caustic taste. On chewing one of the apples it appeared, at first, nearly tasteless, but I was soon undeceived, for this insipidity in two minutes gave place to a pricking and burning heat, almost insupportable. I at first had recourse to cold water, which I held in my mouth, and changed very often to lessen my suffering; the burning sensation continued, increasing for some minutes, when a copious salivation began and appeased my pain.

I immediately went to bed (for it was evening when I gratified my strange fancy of tasting this forbidden fruit), and passed a bad night, with some fever. In the morning the inside of my lips and the end of my tongue were covered with small pimples, and a blister which was formed on my palate, gave me much pain and difficulty in swallowing. My mouth was much inflamed all day, and a multitude of pimples broke out on my chin. The following night was again a restless one; but by degrees the unpleasant effects wore off, and on the sixth day there only remained some slight traces of my experiment."

"One day, digging some roots of the Mancinella tree for my experiments, I was completely affected by the volatile poison which at that time had saturated the atmosphere around the tree. I at first felt a heat in my face, and afterwards a burning like that occasioned by the scorching of the fire. This was in the evening. I

* Observations and Experiments on the Medicinal and Poisonous Properties of the Mancinella Tree. By J. B. Ricord Madianna, M. D. Read before the Lyceum of Natural History of New York, April 1824.

passed a restless night, and the next morning my face was swelled. I applied no remedy, and towards noon a great number of little vesicles filled with yellowish water were formed on my face. In the course of two days these vesicles all disappeared, leaving a total desquamation. Having probably absorbed but a small portion of this volatile poison, the vesicles arising from it were scarcely larger than the head of a pin, for which reason they left no ulcers. During the course of the inflammation all the other symptoms were benign."

"I chewed a piece of the root, and having kept it ten minutes in my mouth, found it entirely tasteless; my saliva was slightly tinged of a yellow color. At the time I had no sensation of anything, either on the tongue or the palate; but half an hour after I felt a smarting heat on my tongue, mouth and throat. In two hours the smarting and burning was very severe; I salivated considerably, and was obliged to keep cold water in my mouth, the pain becoming insupportable. These symptoms were much diminished in five hours, and the next day all had disappeared."

"While boiling an ounce of leaves in ten ounces of water, I uncovered the vessel containing the decoction, and inhaled the steam arising from it. Immediately after I experienced a sensation of burning heat in my mouth; the mucous membrane which covers the mouth was filled with small pimples, and the smarting was so extreme that I was obliged to hold cold water in my mouth, and renew it frequently. Two hours after the pain became supportable, and in the course of the day was felt no more. I coughed a little during the day. The pain occasioned by this vapor was more violent than that caused by the root."

"I ventured to take four grains of the gum. In a few minutes I found my mouth filled with water, but felt neither heat nor smarting. During the three hours that followed I experienced considerable excitement in the bladder, and urinated copiously."

"I applied to my arm a pretty large quantity of the Mancinella milk, from which resulted neither sensation, nor inflammation, nor eruption. I repeated this experiment on myself several times, and once having neglected to wipe off the milk thus applied to my hand, though finding no inconvenience all that day, the next I felt a great itching in that part, and perceived a few small red pimples, which occasioned an extreme itching and prickling;—they disappeared after a few days without suppuration."

"A few drops of the milky juice applied to the tongue caused a very slight prickling there; on subsequently adding three drops more the prickling extended to the throat."

EXPERIMENTS ON ANIMALS.

"At ten o'clock in the morning I took a Mancinella apple recently gathered, and mashing the pulp gave it to a small dog. At 11 o'clock his abdomen was much swelled, and he lay down, appearing to suffer much pain. At 12 he had a natural evacuation; 3 o'clock he had two more (the first of which contained a tænia three inches long) of a whitish color, and in which appeared pieces of the apple undigested. At 5 o'clock the abdomen was still much distended, the animal very weak, and appearing meagre. He remained very ill all the afternoon till 8 o'clock in the evening, when he grew better, and ate a small piece of bread; he had no more evacuations. The next day he was somewhat weak, but had a good appetite, and in two days was perfectly well."

"I gave to a middling sized dog twenty grains cut in small pieces, of perfectly ripe Mancinella apples, which had been dried in the shade. This appeared to have no effect upon him until three hours after, when I observed him to evacuate great quantities of urine, and as frequently as three times in ten minutes. He had no other evacuation, but appeared to experience great weakness in the loins when walking, which lasted three or four hours. These effects however, soon disappeared. This experiment gave rise to the idea, that the dried fruit might possibly be a powerful diuretic; and I repeated it upon several other days, giving doses of twenty, thirty, and forty grains, and have always found the same result; the fruit thus dried appearing not otherwise to incommode the animal."

"I pounded eight Mancinella apples, and gave them to a young female dog, very strong and lively, exactly at noon. In a quarter of an hour she had an universal trembling in all her limbs, with convulsive motions. At 1 o'clock she vomited a considerable quantity of foamy glair, after which she howled, and endeavored to disengage herself from the cord which held her, appearing to suffer very acute pain. The abdomen then began to swell, and at 2 o'clock she vomited again very copiously; a great part of the apples was then expelled from the stomach, with a quantity of foam. The left parotid gland was much enlarged, and the animal grew weak. At half past three she had a natural evacuation; her abdomen, how-

ever, was very much distended, and she appeared, from the relaxation of all the muscles, to be much fallen away. At four she vomited again, but could no longer stand, so extreme was her weakness. At 6 o'clock she was dying, motionless, and cold, with fixed eyes, and breathing scarce perceptible. At half past eight she died without convulsions or groaning, her limbs remaining supple.

APPEARANCES ON DISSECTION.

The head: the arachnoid membrane very much injected with blood, and some serum found at the base of the cranium.

Lungs: the right lung much inflamed and covered with black spots; the left slightly inflamed.

Heart: the right auricle distended with clots of black blood; the left empty. The right ventricle full of clots of black blood; the left empty.

The diaphragm very red and inflamed.

The liver somewhat larger than natural.

The gall-bladder filled with yellowish thick bile.

The stomach not much distended, its mucous membrane inflamed, red, and covered with black spots, separating easily.

The intestines much inflamed,* with fetid air, and a great quantity of mucosity, and also filled with small black spots.

The kidneys more than twice the natural size. The womb exhibited nothing remarkable.

"At 9 o'clock, A. M. I gave two tablespoonsful of a decoction of the root to a small dog; five minutes after his abdomen was much agitated, he voided some blood and urine copiously; appeared to have much nausea, but without vomiting. At half past nine he voided mucus by stool; he coughed much, and continued from two to eleven o'clock voiding blood aud mucus; he was unable to stand and refused all nourishment. From one to five he was less agitated, and appeared to suffer less; at eight he urined copiously; the parotid gland was much swelled; he ate and walked pretty well. The next day he was somewhat weak, but was perfectly well in a few days."

"Three large tablespoonsful of a decoction of the leaves given to a dog in a few minutes created nausea, and occasioned a considerable salivation, vomiting, evacuation of urine, swelling of the parotid gland, but death did not ensue."

* *Query:* Inflated? S. A. J.

"Four tea-spoonfuls of the juice of the leaves was given to a small dog. He refused meat, though apparently not in a state of suffering. An hour after he foamed much at the mouth, and seemed very sick. Three hours after he had several watery stools, and died without convulsions or much apparent pain."

DISSECTION.

The head: arachnoid membrane slightly inflamed, with water at the basis of the cranium.

The lungs very much inflamed, and covered with livid spots.

The pericardium contained a greater quantity of water than common. The auricles full of coagulated blood. The ventricles distended also with coagulated blood.

Liver: the whole exterior surface inflamed and livid, the interior natural. The gall-bladder distended with bile of a dark green color.

The stomach distended and containing a good deal of mucus and a lumbric worm, but little inflamed. The intestines were not inflamed."

"A drachm and a half of pulverized dried leaves caused a dog to vomit, urinate a great deal, salivate abundantly; but no alvine evacuation."

"I triturated 42 grains of the gum in six spoonsful of water, and gave a spoonful to a large dog; the salivation it excited was so abundant that it was with much difficulty I could succeed, which at last I did in administering half of the dose. The salivation augmented considerably; his mouth, tongue and throat, however, were not inflamed, and he did not appear to suffer pain; three hours after his kidneys and bladder seemed much stimulated, and he voided urine frequently. He had no other evacuation, and ate as usual."

"I poured a teaspoonful of the milk of the Mancinella into the eye of a dog. The pain was sudden and violent; the eye became red and watery, the animal howled and rubbed himself on the grass and branches of trees, as if unable to bear his pain. The eye swelled, and I found it impossible to open the eyelid in order to examine the cornea. The next day the swelling continued. Towards evening I could discern a part of the cornea, which was red, but in which neither iris nor prunello was discernible. On the fourth day the eye began to clear, and a few days more sufficed to heal it completely."

"I gave to a small dog a tea-spoonful of the milk recently extracted from the tree. The symptoms were of the extremest violence; bloody evacuations, and excessive weakness continued during the whole course of this gastro-enteritis, and the animal showed every symptom generally observed in those fevers called icterodes, putrid, or malignant.

DISSECTION.

The arachnoid membrane much inflamed.

Lungs: the right lobes natural; the left inflamed in its posterior and inferior parts.

The heart: the right auricle much distended, and full of black clots of blood; the left empty. The right ventricle full of black and clotted blood; the left empty. (I will here remark that the great number of experiments made by me have always presented this appearance of the heart in those cases of poisoning in which death has been occasioned by a phlegmasia of some little standing; on the contrary, when death has come on rapidly in consequence of the action of the nervous system on the circulation, both the auricles and the ventricles have always been distended with blood).

The liver natural; the gall-bladder full of bile.

The stomach much contracted, containing bloody water, and a substance like coffee grounds. The mucous membrane inflamed and loosening easily.

The intestines distended with air, and filled with bloody water, considerably inflamed throughout.

Kidneys natural.

Bladder empty and contracted."

"I pounded in a mortar three of the nhandiroba seeds, and poured upon them a pound of cold water, and strained this through a piece of canvas. Having made this preparation, I gave to a large-sized dog a large teaspoonful of the milky juice of the mancinella, and at the same time a tablespoonful of the nhandiroba thus prepared; a few minutes afterwards he vomited a part of the milk. From half past ten o'clock, which was the time I began the experiment, till half past eleven, he took a tablespoonful of the nhandiroba every five minutes, and vomited after every dose. After this he vomited no more. He voided blood and mucus, his abdomen was less swelled, and less agitated than in those experiments in which no nhandiroba was exhibited; the animal also appeared to suffer

less than in those cases. From one o'clock until six he has alternately had five doses of nhandiroba, and four injections of the same; during which time he had but one bloody evacuation, he became less agitated and breathed with freedom. After ceasing the administration of the remedy, he lay down in a basket, apparently much fatigued, and refused all nourishment. During the night he voided a considerable quantity of black blood; the next morning he jumped from his basket with tolerable agility, and had another dose of nhandiroba. Some milk and a little food were taken with appetite; he coughed somewhat and his respiration appeared difficult. The *left* parotid gland was much swelled. *This gland I have always found enlarged in animals poisoned by Mancinella.* The third day his *left* thigh was paralyzed, and the day after that the member was entirely covered with an eruption of large pustules, and a large ulcer formed, which healed in a short time, when the leg regained its motion. The dog was cured perfectly, and even grew fat in a little time, and it is reasonable to suppose that without the nhandiroba he would have died."

[This paper has led me to attach an importance to Mancinella far exceeding that which the provings in Mure's *Pathogenesie Bresilienne* had received. From this paper we learn that Mancinella deserves a place with Apis and Rhus tox. in facial erysipelas. Its affinity for the left parotid gland is noteworthy. Its gastro-enteric *rôle* is well brought out in the poisoned animals. Its diuretic property is a feature which it has in common with all remedies having an action upon the skin characterised by an œdematous condition thereof.

The paper also corroborates the provings made by Mure's pupils. On the first day of the proving the urine is said to have been "scanty and whitish"; on the third, fourth, fifth, sixth and seventh it was "profuse." Mure's provers also noted "Constant pain all day in the wrist and metacarpus, as if strings were tied around very tightly;" "Constriction round the thighs and legs as if a thread had been tied round." We recognize these as spinal symptoms, and that the drug can produce such is shown by the paralysis which obtained in the dog.

The Nhandiroba mentioned as the antidote of Mancinella is the *Fevillea cordifolia.* S. A. J.]

Obstetrics.

WM. C. RICHARDSON, M. D., ST. LOUIS, MO., EDITOR.

ON THE FORCEPS.

BY ELIAS C. PRICE, M, D., OF BALTIMORE.

(Read before the Baltimore Homœopathic Medical Society, January 7, 1875.)

Gentlemen :—I propose to make a few remarks this evening on the use of the forceps. In the first place I shall speak of the relative frequency of forcep cases, in a country and a city practice.

I cannot boast of a very large obstetrical experience in comparison with that of some men of my own age, owing to the fact that the first seventeen years of my professional life were spent in the country, where to perform a moderate amount of business, requires a vast amount of time and travel ; and also to another fact, that for several years my senior partner attended to the majority of the cases of that kind ; then after changing my residence to the city, it was several years before I had many obstetrical cases.

During the entire seventeen years of my practice in the country, out of 230 cases, I had but one case that imperatively demanded the use of the forceps. In that case my advice was not taken, the forceps were not used, and the patient died.

While attending lectures at the University of Maryland, Prof. Richard Wilmot Hall taught us that the application of the forceps was a very grave operation, and should never be undertaken by a young practitioner without a consultation ; now, in large cities it is an operation of hourly occurrence, and practiced by the majority of physicians.

Having preserved a short record of the case referred to, I will transcribe it.

Case—On the night of the 7th of September, 1852, I was sent for to attend Margaret T. in her first confinement. She was a robust young Irish woman. Her pains were strong but irregular, the child did not advance. I discovered a large tumor about the size of a child's head in the right side of the abdomen. She bore the pains

well until the second day, when her strength beginning to fail and fever coming on, I proposed a consultation with a view of using the forceps, but she would not consent to it: notwithstanding all the arguments I could use, she declared she would die before she would submit to an operation of that kind. I waited with all the patience I could command 48 hours longer, when finding that she was beginning to sink, I insisted that I must have assistance, when Dr. Charles McLean was sent for. He agreed with me that there must be no time lost in delivering her, but at the same time he said to her frankly, if you had taken Dr. Price's advice, your life might have been saved, but now you will have to die.

While we were waiting the arrival of some female assistants that had been sent for, the child's head was born at about 2 P. M. The pains then nearly left her, but I soon succeeded in extracting the body; with the delivery of the child there was a rush of very fœtid coffee-ground colored fluid. The long continued pressure of the head had no doubt produced sloughing of the parts with which it was in contact.

The child had been dead at least three days; the bones of the head were all entirely separated at their sutures, and could be pushed or shaken about in the integuments like "a bag of bones." We could still feel the tumor in the side after delivery. She was delivered on the 11th, but continued to sink, and died on the 13th. We were not permitted to make an autopsy. There was no malformation of the pelvis, but the child's head was too large to pass until the bones separated.

One of the ladies who assisted in preparing the corpse for interment told me, there was considerable laceration of the perineum.

This was my 29th case: when I left the country, I had attended 230 cases, and managed to get along without the use of the forceps, though I had to turn (bring down the feet and deliver) four times.

I can now look back and remember many cases where I have sat by the bedside, and watched and waited, hour after hour, and sometimes the hours have lengthened into days and nights—in similar cases with my present experience, I should use the forceps, relieve the patient from hours of suffering, and release myself.

It is true with above exception, I have never seen any bad con-

sequences arise from those protracted labors beyond a little temporary exhaustion, nor have I often seen any follow the use of the forceps. In a practice of a little less than ten years in this city, I have had eleven forcep cases of my own, and five in consultation with other physicians, making 16 in 110 cases. In three of my own I had the assistance of another physician. In seven cases in which they were used, the patient had become exhausted; in five cases the head was impacted, and four were tedious cases that might have resulted in natural delivery, and might have resulted in exhaustion, but no advance had been made in the labor, for a time sufficiently long to justify neglect of interference.

It may be that those five patients included in the practice of my professional brethren, may represent an aggregate of several hundred patients, and those five patients may have been the only ones with which they experienced any difficulty.

How soon shall the forceps be used? It used to be laid down as a rule that the head should be allowed to rest on the perineum at least six hours before the forceps should be applied; by following that rule, the life of the child will be endangered; from six to eight hours is the longest time that a child will live in that stage of labor. More recent writers say it should not be allowed to remain in that position more than two hours. Guernsey says it should be left to the discretion of the accoucheur.

Which are the most approved instruments? Each accoucheur generally has his favorite instrument. Guernsey in his second edition recommends Davis' short forceps or Hodge's long ones, or Hodge's modified by Wallace. For general use I like Simpson's better than any I have ever used. Hodge's are most generally used in this city. They are also recommended by Dr. Marsden of York-Springs, who says, "whatever instrument we adopt, it is probably better to adhere to its use alone, at least in all ordinary cases. It may be well enough to have another in reserve for special occasions but by restricting ourselves to the use of a single one, we develope fully its powers, become more familiar with its applications, and probably on the whole obtain better results than we should do by having several in use at the same time."

With all due deference to Dr. Marsden's opinion, I think an

accoucheur should have at least four or five pairs of forceps. He *might do* with less. He will find the short forceps very convenient in ordinary cases, when the head is low down on the perineum, and rotation completed; they can be applied without moving the patient. (In fact, I never move the patient unless the head is still in the upper strait, and I am obliged to use Baudeloque's long forceps). If the head is higher up, he will require a longer pair, like Simpson's, Hodge's or Comstocks, and if there is sufficient deformity about the pelvis to materially contract its calibre, he will certainly require Baudeloque's, or some other long forceps.

Here is a beautiful little pair of forceps designed by the late Dr. Nott, formerly of Alabama, but more recently of New York; he resided for a short time in this city. The design was evidently taken from the English pocket forceps, than which it is decidedly lighter and less clumsy looking. It is only ten inches long. From the point of the blade to the lock 7¼ inches. I have found it to answer admirably in several cases, but unless the head is low down and rotation completed, it will not lock.

On September 24th, 1868, I was called to attend Mrs. L. She had already been the mother of four or five children. She was tall and spare, and engaged in keeping a boarding-house; having poor servants she was very much over worked, the pains from the first seemed rather feeble, the labor gradually progressed untill the head rested low down on the perineum, and all that seemed necessary was one good pain to expel it, but that good pain did not come, on the contrary, the pains became more and more feeble, and it appeared as if she would soon die from utter exhaustion. I applied Nott's forceps, and I had but little else to do, but to lift the head out of the hollow of the sacrum, and the labor was terminated. I soon found that the placenta adhered firmly to the uterus; I introduced my hand and separated it; very little blood was lost, and she made a good recovery. I have accouched her twice since, and she had no difficulty.

July 1st, 1874, I was sent for to attend to Mrs. E., saw her about 3.30 P. M. The pains were very strong, the head came down to, but did not engage in the lower strait; after waiting several hours I ruptured the membranes, thinking that would expedite the labor,

but it did not; on feeling for the fontanelles, I could cover the anterior one with the point of my finger, the posterior one I could not find, the sutures appeared to be entirely closed. She had gone sixteen days beyond her calculation.

The pains were so violent I began to fear a rupture of the uterus. I sent home for two pair of forceps, Simpson's and Knight's. Here are the instruments. These are Sir James Y. Simpson's forceps, and excellent ones they are, but they disappointed me in this case by slipping off; something I had never had to happen before. I applied them again and they slipped off again. I then took this pair, they are the invention or modification of Dr. Samuel T. Knight of this city; they have the same curves and dimensions as Hodge's forceps, but *no fenestrum*. I am told that Dr. Chatard, the leading accoucheur of this city, prefers them to all others. (Dr. Knight has also invented some other surgical appliances, one of which I have is an apparatus for fractured patella; it is very similar to a muffin ring with a handle on each side of it). Well they slipped off twice also. I then applied Simpson's again, and by grasping the blades above the lock, to keep them from springing, succeeded in delivering the head, the child was still-born, no amount of artificial respiration would bring it too. I now examined the head, the crown of the head presented and was perfectly flat, the posterior fontanelle and all the sutures were perfectly closed, the anterior fontanelle was open about half an inch, it was almost a turnip-shaped head; the widest part of the head was on a line with the upper part of the forehead and upper part of the occiput, becoming smaller as it descended towards the nape of the neck and the nose.

After the delivery of the child I discovered something protruding from the vulva, which I at first supposed to be a fold of the membrane, containing some water, but on tracing it up, I found it terminated in a cord about the size of a pen-holder, the upper extremity was attached somewhere to the parts within; with a pair of scissors I clipped it off, hoping it would shrivel and drop off, as the umbilical cord does; but in this I was disappointed for it appeared to grow larger each day.

I was obliged to use the catheter every day for a week. On the 14th day, with the assistance of my son, I took it off. It had two

places of attachment, one to the Douglas' cul-de-sac, just behind the neck of the uterus, and the other to the anterior lip of the uterus, which it had drawn down the length of my index finger.

First tying a string to the cord, I passed the string and then the cord through a large glass speculum, one of "the double ender" kind, then with a long pair of curved scissors I clipped the uterine attachment close to the cord, and then the cord as close up in the Douglas' cul-de-sac as possible; the bleeding was very easily checked with persulphate of iron.

The sac that I cut off on examination would about cover the palm of my hand, and looked very much like the uterus of a small animal, two lumps in it, about three-fourths of an inch thick and an inch and a half long, looking from the outside not unlike fœtuses; when cut open they presented a very dark chocolate, or coffee-ground colored substance like altered blood.

The inquiry arises, what is it? They are called hollow polypi; they are supposed to be formed by a plastic substance being thrown out on the inner surface of the uterus; it becomes organized. The secretions from the inner surface of the uterus separated it from the lining membrane, it finally becomes so filled as to become inverted and protrudes from the uterus some portion of the membrane adheres to the cervix, or it may by its own weight peel off from around the cervix to the vagina and there adheres and forms a cord.

About 3 o'clock P. M., August 29th, 1874, I saw Mrs. S. in labor with her first child; she had had pain all night and all day, but not very severe until two hours before I saw her. The pains were regular and strong, but the head did not enter the upper strait, and appeared to be thrown forward on the pubis. Waiting until between 6 and 7 o'clock, and finding no progress made, and feeling that there must be something wrong from the unusual position of the head, I passed my entire hand into the vagina, and carried my fingers up to the promontory of the sacrum; the trouble was soon discovered; the entire body of the upper vertebra of the sacrum projected into the cavity of the pelvis, diminishing its antero-posterior diameter by at least one inch. I applied Simpson's forceps, but they slipped off; a second time they were applied with the same result. Remembering that my friend, Dr. B., had a pair of Baudeloque's long forceps, I

called to see him; he very kindly offered the loan of them, but as it was only a few squares to the patient's house, I invited him to accompany me; the forceps were applied and we operated by turns; with the third pain the head was delivered. The handles of this instrument, which I had made by Dr. B.'s, are so long (handles from the screw 11¼ inches, whole length 20¼ inches) that it gives you a powerful leverage.

The instrument-maker thought the blades of Dr. B.'s forceps were sprung, they were so wide apart at the points, and wanted to make the points as close as Simpson's or Knight's; I told him if he did so, the leverage was so great, they would crush the child's head.

My last case in the country was very much like this one, only the deformity could not have been so great. The labor was very protracted; after the child's birth I found an indentation of the bone on the left side of the child's head, corresponding to the deformity of the spine of the sacrum. These are the famous Comstock forceps, I have not had occasion to try them yet.*

I heard Dr. Swazey say at the meeting of the American Institute of Homœopathy in Philadelphia, that he had never used the forceps but once, and he added, with peculiar emphasis, that he HOPED he would never have to use them again. If hoping will do any good, I hope that our wives and daughters may have all their children hereafter without any pain at all. Prof. Henry Noah Martin "thinks the pain is abnormal and may be reached by proper medical treatment; he gave a report of two cases in illustration of the view, that in a state of perfect health, labor is absolutely painless; he therefore thought the pain resulting from it is abnormal, and is amenable to homœopathic treatment.

If painless labor be the only criterion of perfect health, then I have never seen but one perfectly healthy woman. On the 28th of June, 1856, I was called to attend Mrs. Susan Howard. When I arrived the fun was all over. In fact it was over before the messenger had got out of gunshot of the house. She had two attacks of

* I have used them once since then; I think the blades are too short, the point of one of the blades made a very ugly indentation in the child's temple; the blades are about an inch shorter than Simpson's, and half an inch shorter than Knight's: for a child with a small head they are long enough.

bearing down or straining but without a particle of pain; she had barely time to get the bed fixed and on it, "when out upon the happy world pop came the baby." I have seen two similar cases reported in the journals. I reported this case in the *Investigator*.

At the suggestion of a medical friend, though it will be digressing from the subject, I will give some further statistics from my note-book. I have had one case of triplets and four cases of twins; all in the country. What was remarkable, the plural cases were nearly all head presentations; two of the triplets the head and a hand presented, the other the head alone, the hand was easily pushed up and remained. In one of the twin cases the last child was an elbow presentation, podalic version was successfully resorted to. In one twin case I did not arrive untill after the births were over, and the presentations are not noted, so we have one triplet case and two twin cases that were all head presentations, one twin case, one head and one elbow, and one unknown.

The other abnormal presentations were as follows: one was a breech case with the child's back to the back of the mother, and its feet resting over the pubic bones, preventing all further descent; after waiting nearly 48 hours I ascertained the difficulty and brought down the feet.

In another case the nape of the neck presented, the head was bent forward on the breast, podalic version again saved the life of both mother and child. Another was a breech presentation with prolapsus of the cord, brought down the feet and saved the child. In a previous confinement a neighboring physician had been obliged to turn, but owing to delay in delivering the head, the child was lost; endeavoring to avoid a similar misfortune by a more rapid delivery, in bringing down one of the arms, I fractured the humerus. Applied a starch bandage with perfect success; the mother made a good recovery also. In all four of the above cases delivery by the feet was successfully resorted to in the case of both mother and child.

March 4th, 1854, I had a case of head presentation with prolapsus of the funis, when I arrived the head was so low down that I could not return the cord, it still pulsated; my later experience would enable me to save the child in a similar case by turning.

I have had but one case of Placenta Prævia: that case occurred February 8th, 1868. The husband met me on the street on his way to my office; he said his wife had fainted from excessive flowing. When I arrived I found she had fainted two or three times from excessive loss of blood, and fainted again soon after my arrival; she was perfectly blanched. She was only 5½ or 6 months advanced, placenta attached immediately over the mouth of the uterus; she had not had a particle of pain, but the os uteri was soft and dilatable; I suppose from the excessive loss of blood. Seeing there was no time to be lost, and having no catheter with me, and not being able to leave her to get one, I cut three or four saw teeth in my front finger nail, with which I perforated the placenta, hoping to draw off the water, but as soon as I withdrew my finger, the opening closed up. The bleeding still continued *fearfully*. I introduced my hand and had to perforate the placenta again, for I could not find the former opening, passed my hand through the placenta, seized the feet and brought them down, and delivered the child, and soon afterwards the placenta; all this time she had not had a single pain; the uterus contracted and the hemorrhage ceased. * * * The external parts not being dilated the delivery was tedious and the child dead, but the mother made a good recovery.

I have had one breech case only, since I have been in the city; it was cyanotic and lived only two days.

Though I could not believe it for some time after moving to the city, yet it is evident, the country women are more robust than those of the city. Hence one reason why city women more frequently need artificial interference. Sometimes such cases come very much together. It will be seen that the forcep cases in my own practice since I have been in the city, have averaged one in eleven, should I live I might have a long run in the future without any forcep cases.

In my country and city practice together, leaving out consultation cases, one forcep case in 30½. This is astonishingly high when compared with the statistics on the subject, but we must remember when those statistics were collected, it was the custom to wait untill the life of both, mother and child, were in imminent peril before resorting to the forceps, consequently, no doubt, the lives of

many mothers and children were sacrificed, that a timely resort to the forceps would have saved.

According to Churchhill among British practitioners, we find 126 forceps cases in 45,634 cases of labor, or about one in 362.

Among the French we have 277 forceps cases in 44,736 cases of labor, or about one in 153½. And among the Germans 1702 forceps cases in 351,594 cases of labor or about one in 167.

Result to mother and child: By British practitioners of 302 forceps cases 14 mothers were lost, or one in 21½. Among the French and Germans in 479 cases, 35 mothers were lost, or one in 13½. Whilst of the children the British statistics give 64 lost in 296 cases, or about one in 4½, and foreign statistics 111 in 575 cases, or about one in five. The total result gives one mother lost in 16, and about one child in five.

(Rigby, Meigs, Cazeaux and Guernsey give no statistics.)

The total result of my cases have been in 16 cases, no mothers lost, and one child in 16.

Perhaps you will say if the British, French and Germans had operated more frequently, they would necessarily have had a larger percentage of success. Well! why did they not do so, and thereby save the lives of many mothers and children that were lost by delay? For fear of the popular cry of "meddlesome midwifery," and that fear has sent many a mother and child down to the grave.

If my short paper should call out the rich experience of my professional brethren, I shall be amply repaid.

NOTE.—Since writing the above I have had another case similar to that of Mrs. S., only the deformity was greater.

I was called to see the case in consultation with Dr. S. As soon as the membranes were ruptured, I found the cord was prolapsed. We adopted Dr. Guernsey's method with a slight variation. Dr. G. says, "the only plan of safety possible is to take a piece of wet sponge, about twice the size of a hen's egg, and cut entirely through its centre a hole large enough to receive the fold of cord. Then pass a string through the loop of the cord, and next pass the same string through the sponge. Now by holding on to the string, and slipping the sponge upwards, the fold of cord is drawn into the sponge. Slip the sponge well up, so as to secure a full introduction

of this fold into the sponge. Then with the fingers crowd the sponge and all well up above the superior strait. The sponge will dilate and retain all above the presenting part safely."

Instead of using the string, I got a piece of wire from an old broom, straightened it out, then doubled it in the middle, and then made a small hook on the doubled end, passed the wire through the sponge, hooked the wire over the cord, and slipped the sponge up over the cord. As the cord was still up in the vagina, I was thus enabled to get the sponge in place without drawing the cord down

I have used a similarly constructed wire hook for extracting the placenta after miscarriage. After waiting until we were satisfied that there was no probability of the head passing through the upper strait, I first applied Bandeloque's long forceps, but they slipped off. I tried them several times with the same result; the application of the forceps disarranged the sponge, and the cord came down again Knight's and Simpson's were next tried in turn, but with no better result. I sent for Comstock's forceps, but as the head was so high up, not having fairly entered the upper strait, and as they were smaller, lighter and shorter than either of the other three pairs, I thought it useless to apply them. We concluded that perforation of the head was the only alternative, as the child had now been dead for two or three hours, but on a reconsideration of the case we concluded to try them. I did so, and to my great delight succeeded. The blades of the forceps were applied over the centre of the forehead and over the occiput.

On examining the head after delivery, we found a deep depression in the left upper maxillary bone, the zygomatic process and the temporal bone. The indentation was greater than in either my country case mentioned above or in the child of Mrs. S.

EDITORIAL NOTE.

We commend to our readers the above article "On Forceps," by Dr. Price. It is quite comprehensive and fully up to date on this subject. The days have been numbered with the past when it was considered to be a formidable procedure to apply the forceps; I am satisfied many a poor woman has been suffered to die by over-timorous practitioners who had acquired an unjustifiable horror for instrumental interference.

Dr. P. has not confined himself, however, to the forceps, but gives an interesting case of placenta prævia, and refers to version, which by the way I consider a far more dangerous and painful procedure, both to mother and child, than the application of the forceps. W. C. R.

American Observer.

EDWIN ALBERT LODGE, M. D., DETROIT, MICH., GENERAL EDITOR.

"THE IMPENDING CRISIS."

It was confidently predicted, by those who knew all about it, that the introduction of Homœopathy would blow up the University of Michigan, and convert its forty-acre *campus* into a howling wilderness.

The homœopaths came, a ravaging army of twenty-five—two of which are women—headed by two blood-thirsty professors.

"Scientific Medicine" had at last found its Thermopylæ, and a noble band of only 325 students, 8 professors, and "Assistant Demonstrator of Anatomy," heroically met the invading host.

An awful silence filled the air, and the bravest held their breath.

Three months passed, and still each day the sun arose and set upon an University that would not blow up, and nightly pale Luna's lambent light painted a nimbus 'round the bronze Ben Franklin's* polished pate.

At last the crisis came. Sixty death-defying "regulars" one starless night did seize upon a widow's cow. On ye brave! On they went with the silent celerity of a purge. They overcame all resistance—it being offered only by the widow's cow. A skull of suitable thickness was readily found on the shoulders of a candidate for graduation, and in went the doors of the Homœopathic College. Up the stairs in triumph then the valiant sixty bore the vanquished cow.

Their feat accomplished, then they pondered long, and eager asked—"How shall the intruder know that we've been here?"

Then spake the pet and pride of all the Class—"Let's give the cow a dose of *Croton tig.*"

Most heroes write their glorious deeds in blood, but not so these!

* * * * * * * * *

* A Class memorial in the *Campus*.

In the columns of a local paper appeared the following "acknowledgement" of the great victory of the "regulars."

ON FINDING A COW IN THE HOMŒOPATHIC COLLEGE.

Said Galen unto Hahnemann:
"You're lucky, Sam. Come let's go halves."
"Why covet half a cow," said H.,
"When Fortune fills your halls with calves?"

Homœopath.

P. S. The cow survives, and so does the University. Homœopathy is, of course, annihilated.

HOMŒOPATHIC MUTUAL LIFE INSURANCE CO.

The annual statement of the Homœopathic Mutual Life Insurance Company was promptly on hand at the commencement of the year. It shows an increase of *new business*—notwithstanding the "hard times" everywhere complained of—nearly twenty-five per cent. greater than that of 1874. "RESULTS OF 1875" show an increased "*Surplus*," "*Income*," "*Amount of Insurance*," "*Number of Members*," and "*Invested Funds*," while "not a single death claim remains unpaid." But the two items of most interest to the profession are yet to be noticed, viz: the business is so well managed, and the funds are so well invested, that for the past two years the *interest income has paid the death losses;* and the low mortality has demonstrated the superiority of Homœopathic treatment.

Early last year the Company issued the following "Mortuary Experience," which "From July 18, 1868, to March 31, 1875. presents the following results;

Policies Issued, ...	7,009	Deaths, ...	100
Homœopaths, ...	5,309	Deaths, ...	41
Non-Homœopaths, . . .	1,700	Deaths, ...	51
		Deaths from Accidents, ...	8

Or . . . . . 41 Deaths among . . . 5,309 Homœopaths, and
51 Deaths among . . . 1,700 Allopaths,

which certainly affords ample evidence that the Company is justified in giving "*lower rates*" to those who use Homœopathic Medicine. A result quite as favorable obtains in the present report by giving

the extended Mortuary Experience of the Company, from July 18, 1868, to December 31, 1875:

	No. of Policies Issued.	No. of Deaths.
To Homœopaths, ...	6,061	52
To Non-Homœopaths, ...	1,852	58

We are pleased with the sure and steady growth of this Company, which is demonstrating not only the superiority of Homœopathic medicine, but what is of equal value, if not even of more importance to the profession, and that is, that our Homœopathic Physicians possess both the *skill*, *ability* and *knowledge* to make accurate, careful and scientific medical examinations. Several Life Insurance Companies will not permit Homœopathic Physicians to examine applicants at all, not because they are *incompetent*, but because they are HOMŒOPATHS. These same companies are very willing to receive the money of Homœopathic patrons, and if our physicians would only use their influence to put in one or two policies each year, it would greatly assist the company in preparing statistics which would in turn benefit the profession.

The company has our best wishes for its success, and we bespeak for it the assistance of the Homœopathic Profession.

REMOVAL OF GLOBULAR FOREIGN BODIES FROM THE EAR.

Dr. J. Clealand claims that they can be easily removed by inserting a long needle, attached to a handle such as microscopists use, into the ear underneath the pea or other globular body, and then by depressing the handle of the needle, two inclined planes are introduced, from between which the body is thrown out from the meatus with force. The same thing cannot be accomplished if the needle be inserted above, as the body will roll back towards the membrana tampani as soon as the pressure of the needle is removed from it.

STRANGULATED HERNIA AND ASPIRATION.

In all cases of irreducible hernia, since aspiration has been found to produce no dangerous results, it is now considered essential in all cases, except epiplocele or where there are adhesions, to try aspiration before resorting to the knife, and after ordinary taxis has failed. If it cannot be reduced after aspiration, no harm can result from this source if the knife should have to be resorted to subsequently.

ASPIRATING THE PERICARDIUM.

When the surgeon is certain of pericardial effusion, and there is danger of the life of the patient when aspiration is to be performed. This can be done by passing the aspirator needle between the fourth and fifth ribs, two inches to the left of the sternal median line in the intercostal space. Then, as soon as the pericardium is penetrated (which is known by the flow of fluid), press the point of the needle close against the chest wall.

SOUTH.—A Southern subscriber writes: "January 29, 1876. Dear Sir—Your letter, inclosing my bill, has been received. It is very mortifying to me to be so much in arrears; but I have been in wretched health for the last two or three years, so that for a season or two I had to abandon my practice, during which time my family expenses completely exhausted my resources, and I need not tell you of the prostrated condition of the whole South for years past, making our practice almost charity work. But my health is greatly improved now, and we are all looking for better times soon, when, be assured, you shall be paid in full. Am greatly indebted to you for waiting on me so long: your magazine seems like an old friend that I should regret to lose. Yours truly, * * * *"

We will continue to send the Observer and hope "*for the good time coming.*"

An old subscriber writes: "Enclosed please find postal order for $10.00, being as per bill received some time since, amount due for "Observer,"—years 1873-4-5 and '76. Pardon, if you can, my unpardonable delay, and I will be more prompt in future, for the Observer is as *much a necessity in my office as a fire in winter.*"

UNITED STATES MEDICAL AND SURGICAL JOURNAL, Vol. V., wanted. Address General Editor of this Journal, stating condition and price.

MANUAL OF BANDAGING has been warmly praised. It will be completed in next number.

CITY PRACTICE—A very desirable one can be obtained for a fair consideration by address K. K. at this office.

SARCASM.—(*Ruskin*)—The chief bar, I suppose, to the action or imagination, and stop to all greatness in this present age of ours, is its mean and shallow love of jest; so that if there be in any good and lofty work a flaw, failing, or undipped vulnerable part, where sarcasm may stick or stay, it is caught at and pointed at and buzzed about, and fixed upon, and stung into, as a recent wound is by flies; and nothing is ever taken seriously, or as it was meant, but always, if it may be turned the wrong way and misunderstood. And while this is so there is not, and cannot be, any hope of achievement of high things. Men dare not open their hearts to us if we are to broil them on a thorn tree.

CHLORAL HYDRATE IN NEURALGIA.—The intimate mixture of equal parts of chloral hydrate and camphor will, it is said, produce a clear fluid which is of the greatest value as a local application in neuralgia. Dr. Lenox Browne states, in one of the English journals, that he has employed it in his practice, and induced others to do so, and that in every case it has afforded great, and, in some instances, instantaneous relief. Its success, he says, does not appear to be at all dependent on the nerve affected, it being equally efficacious in neuralgia of the sciatica as of the trigeminus—is of the greatest service in neuralgia of the larynx, and in relieving spasmodic cough of a nervous or hysterical character. It is only necessary to paint the mixture lightly over the painful part, and allow it to dry. It never blisters, though it may occasion a tingling sensation of the skin. For headache it is also found an excellent application.

RODENT.—A new style of rat has been imported into this country from Africa. It is called the "roof rat." It is an aristocratic kind of vermin, cleanly in manner and shapely in appearance. It affects the attics of houses, and is a relentless foe of the rodent that consents to occupy the sub-basement. It is believed that the "roof rat," with its superior civilization, will exterminate the house rat and demonstrate the Darwinian theory of the "survival of the fittest." Anything for a change.

THERAPEUTICAL USES OF HOT BATHS.—Professor Lasègue, in a paper on the therapeutical uses of hot baths, remarks that these should be of short duration—from twenty to thirty minutes at the furthest—the temperature on entering the bath to be lower than that on quitting it, whatever extremes it may reach in the mean time, and the increase of temperature always to be made gradually. The maximum should be 118° Fahrenheit, although 113° is perhaps a better limit. This temperature is easily borne, provided the escaping steam be not felt on the uncovered portions of the body, and also provided that the maximum be not maintained over eight or ten minutes. On leaving the bath the patient is to be placed in his bed, where he soon regains, not his true temperature, which has varied but little, but his apparent temperature. M. Lasègue finds that cold applications immediately after the hot bath, contrary to what takes place after vapor baths, are neither useful nor agreeable. The disease which yields most readily to this system of hot baths, it is stated, is chronic rheumatism producing deformities of the joints, which usually resist all ordinary modes of treatment.

A JAPANESE BATH.—(*Temple Bar.*)—In Japan, even in the lowest inns the traveller's request for a bath is never met with that stare of blank astonishment which often attends the demand in our own and every other European country. I know in Ireland once I asked for a bath, and they brought me a horse-bucket; and on another occasion, in France, I could get no nearer the article than a horse-trough; while in England and Germany the request has more than once led to a serious breach of the peace between myself and the landlord. In Japan, on the contrary, there would be much more surprise felt if the traveller did not ask for one. There were no preparations required, no rushing about of chamber-maids, no turning on this and off that—everything was quite ready. and I was at once conducted to a huge wooden bath with a small earthen furnace let in at the foot, and a lid enclosing the whole of the top with the exception of a space just big enough for the head of the bather to emerge through. In one of these contrivances, with a small furnace burning gaily, a Japanese, after his day's work is over, will sit calmly boiling himself, with the lid on, and the water bubbling about him at boiling heat. He seems, however, to like it uncommonly, to judge from the pleased expression on his face fast deepening under the process into beet-root-like tints; and when he has, at last, had enough—about an hour of it—he takes off the lid and emerges as much like a boiled lobster as a human being can become. My bath was quite ready; the small furnace glowed with live pieces of charcoal; the water bubbled merrily, and my companion of the bath, taking off the lid, invited me to enter. Not being, however, either a Japanese, a blue lobster, or a potato, I did not see any particular object in being boiled, and so had the fuel raked out of the furnace, and a few buckets of cold water added before I got in.

MORAL METHOD IN THE MADDENED.—Gov. Gaston visited the Insane Asylum at Northampton, a day or two ago, and received some most excellent advice from one of the inmates. "May I ask you a few questions?" inquired the lunatic. "Certainly," replied the Governor, and the dialogue proceeded. "Do you love and fear God?" "I hope so." "Do you love the Democratic party?" "Well, that is a difficult question to answer." "Now," continued the questioner, "I have been a Democrat all my life, and am glad to see a Democratic Governor; but I want to advise you not to turn a Republican out of office because he is one. If he is an honest and capable man, let him stay. God bless you."

MINUTE WORM.—The *Lancet* gives an account of a minute active worm, $\frac{1}{78}$ inch long and $\frac{1}{3500}$ inch in diameter, that has been discovered in the blood of certain patients that had lived in India. So numerous were these parasites in the cases in question, that six excellent specimens were seen in a single drop of blood obtained from the lobe of the ear.

MARITAL.

Married at the Bingham House, Philadelphia, January 18, 1876, by the Rev. Mr. Simonton, J. G. Heaton, M. D, Alliance, O., and Susan R. Cooper, M. D., Bart, Pa. Dr. H. is a graduate of Cleveland Homœopathic Hospital College. His bride a graduate of Woman's Medical College of Philadelphia, a student of Dr. P. L. Hatch, of Minnesota.

PERSONAL.

Brown.—Dr. J. W. Brown, a graduate of Victoria Medical College, Ontario, Canada, after a practice of seventeen years, as an allopathic physician, has become a convert to Homœopathy, and removed from Beachville, Ont., to Hastings, Mich., to join his brother, Dr. E. F. Brown, in the practice of Homœopathy at that place.

Dowling.—An excellent article on Diphtheria by Prof. J. W. Dowling is in compositor's hands, and will appear soon.

James.—Some of Dr. James' best surgical articles are in reserve for next number.

The Heroes of Science.—A striking example of the exercise, in the interest of scientific discovery, of the qualities which usually shine conspicuous in the adventures of war, is furnished by the recent expedition of Prof. Marsh, of Yale, in the "Bad Lands" of Wyoming Territory. He was gone from his home about two months, returning December 12. The season was late for such a journey; and the severity of the winter added much to the hardships of the trip, while the ill-concealed and, toward the last, openly declared hostility of the Indians made the whole affair exceedingly perilous. But the Professor could neither be "froze out" nor scared out; and at last, just the day before the Sioux made a grand concerted advance upon his camping-place, he folded his tents like the Arabs, and got safely away with about two tons of bones. Most of the specimens are rare, and many of them have been hitherto unknown to science. There were several species of gigantic Brontotheridæ, nearly as large as elephants. At one place the bones were heaped together in such numbers as to indicate that a herd of the animals had been swept into the lake by a great freshet. Any one who has seen a "cloud-burst" on the Western plains need only imagine it to strike a herd of buffalo, and he will easily conceive the general nature of such a catastrophe as is recorded in the promiscuous burying ground which Prof. Marsh has discovered. Hayden, who has long been noted as an industrious collector of fossils in the Territories, and has come to consider several thousand square miles to the country as his own peculiar field, will have to look to his laurels. Prof. Marsh, of course, is not carrying on systematic surveys; but, for that reason, he is able to make flying visits to the points which furnish the richest palæontological booty, and bids fair to be known, in rude but picturesque Western phrase, as the "great bone-sharp of the plains."

Circulation of the Blood.—Prof. Marshall of London attributes the heart's rythmical movements to the alternate contraction and expansion of the auricles and ventricles; its slight rotary movement, its two peculiar sounds, one long and soft, due to the closure of large valves, the other sharp and abrupt, due to the closing of the small semi-lunar valves. The pulse he attributes to the pulsations or waves of the mass of blood, caused by the elongation and distension of the elastic walls of the arteries, and said to be simultaneous with, but distinct from, the onward flow of the blood. The position of the heart, and its relation to the nervous system, are, however, such that, while in health, we are perfectly unconscious of the existence of the complicated mechanism employed in the circulation of our blood.

Reviews and Book Notices in next issue.

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

DIPHTHERIA.

BY J. W. DOWLING, M. D., OF NEW YORK.

TO THE EDITOR OF THE OBSERVER.—*My dear Sir.*—Last evening in company with Prof. Lilienthal, I called to pay the last tribute of respect to the remains of a departed friend—an old school physician—who in the performance of his professional duties had contracted that dreadful disease, which has proved a death scourge to thousands of children, and not a few adults in our large cities. About two weeks since he had visited a child suffering from diphtheria, and it is supposed while examining the throat, during the expiratory effort of the child, some of the infectious material was thrown into his face, and upon the mucous membrane of the mouth, where it found fruitful soil, possibly from some predisposing cause. In a few days he was taken down with the disease. The best old school physicians of the city were called, but in spite of all they could do, after an illness of eleven days, he died.

This is by no means an isolated case. Many physicians in this city, and in the European cities, where, for the last few years diphtheria has been so prevalent, have fallen victims. In many instances, owing to their own thoughtlessness—or to use a stronger term, carelessness.

Oertel, to whom I am indebted for much that will appear in the following pages, in his valuable article on diphtheria, which appeared in the first volume of Ziemsen's Cyclopædia—mentions six prominent German physicians who fell sacrifices to their professional devotion in treating and investigating this disease.

The contagiousness of diphtheria is not open to discussion,

for in the mind of every intelligent and observing physician, who has had an opportunity to witness the disease—the fact that it is one of the most contagious of the infectious diseases is established beyond the shadow of a doubt.

The contagion is frequently communicated, as in the case of my deceased friend—by the patient coughing what has collected in his throat, into the mouth and nose of the examining physician. It may be carried, as is the case, with small pox, scarlet fever, and some others of the infectious diseases in the air we breathe—or by solid matters to which it has attached itself. As the contagion emanates from the tissues involved in the disease—these being generally the mucous membrane lining the mouth and throat—the larynx, trachea and nasal cavities, (although the out crop of the disease as we shall demonstrate, is by no means confined to these localities), it is diffused by the exhalations of the patient, by the air surrounding him, as well as by contact of various objects with the products of the disease. Cases are on record where the contagion of diphtheria has developed itself after the lapse of months in certain places, and rooms which have been unoccupied, since the existence of the disease there, and too, where there was no possibility of its being spontaneously generated by miasm. This shows the tenacity with which the poison clings to certain places—and the importance of thorough disinfection, fumigation and ventilation after the occupancy of certain rooms by diphtheritic patients.

Tracheotomy is frequently performed with the bare prospect of saving the life of a child, in whom the larynx and trachea have become involved—the membranous deposit lining the tube interfering as in croup, with respiration. It becomes necessary to inflate the lungs, to clear the tracheotomy tube by suction, in cases of asphyxia. This is of course generally done by the medical attendant, and places him in imminent danger of contracting the disease. Dr. Oertel relates the case

of a child of a physician who contracted the disease by putting a canula into his mouth which had just been removed from a patient sick with diphtheria. In this case it proved fatal. According to the observations of this investigator—my own, and those of the physicians of this city, with whom I have conversed—and who have had a large experience in the treatment of the disease—all are not equally susceptible to the action of the poison. I have frequently seen cases where, perhaps, but two of a family of four or five children, all equally exposed, would be infected—and again I have seen cases where every young member of a family was taken down with the disease. It is much more common among children than adults—and from the fact that the dimensions of the air tubes are so much smaller in the former. When the larynx and trachea become involved it is in, by far the greater majority of cases fatal.

Now, sir, when diphtheria is raging almost as an epidemic, in many of our larger cities—and as I see by the daily papers in the smaller towns, particularly those which are but a short railroad ride from New York and Jersey City—with a prospect of it extending still farther—and visiting still smaller towns and villages located in the extreme Western, Southern, and Northern portions of our country—and with the prospect of physicians of our school, skillful in the treatment of diseases with which they are familiar—but who from want of occasion, from want of opportunity, have not investigated this disease—who perhaps have not had access to the literature of the affection—particularly to the Cyclopædia of Medicine, edited by Hugo Wilhelm Von Ziemsen, of Munich, and but recently translated, under the supervision of Albert H. Buck, M. D., of this city. I say with the prospect before us, it is proper that some one who has carefully studied it, who has had considerable experience in its treatment, should through the medium of one of the widely circulated journals, so inform these physicians, as to the nature and treatment of diphtheria, that when it does appear in their locality,

they will recognize it, and be able to combat it—at least, as far as the most recent methods of treatment will enable them to.

From the position I occupy as executive officer of our college—I am called into frequent contact with physicians from the smaller towns, in various parts of the country. I have enquired of many of them, as to whether they had seen and treated any cases of diphtheria? The answer in nearly every instance has been in the negative. Realizing this want of proper knowledge of this disease, I have decided to send you a somewhat lengthy article on this malady. I have selected your journal as the medium, from the fact of its having so large a circulation.

In this article I wish it distinctly understood that I lay no claim to originality. I am principally indebted to Oertel who I consider one of the greatest of medical investigators, and who has gone so thoroughly over the subject of diphtheria in his article, as it appears in Ziemsen's Cyclopædia, that to those who have perused it and studied it—this feeble effort which can be but a summary of that, will be of no use. As I said before, it is intended for those who have not had access to the recent literature of the disease.

As has been already stated—diphtheria is undoubtedly a contagious disease. But it does not belong to the *purely* contagious class.

According to Oertel, it occurs sporadically as well as epidemically, and may, in certain localities, especially favorable to it, become an endemic disease.

It also developes *spontaneously*, its origin being a miasm—a noxious agent, the nature of which is unknown. It is therefore a miasmatic contagious disease. As is the case with all infectious diseases—it is more prevalent among the poor, the badly fed, the badly clothed—and more filthy portion of the population.

Although the disease is not affected by the temperature of the atmosphere, it is undoubtedly more prevalent in winter than summer. At this season of the year, windows and doors

are kept closed to keep out the cold, consequently if a case is developed, from the want of a free current of air through the apartment, the poison cannot escape, is confined, the remaining occupants of the room or house, are more exposed to the poison than they would be if the windows and doors were open, as they are in summer, giving the poisoned atmosphere an opportunity to escape, its place being supplied by the purer air from without.

This will undoubtedly explain the greater malignancy during the winter season of epidemics of small pox, measles, and scarlet fever. It might be argued that during the summer the poison from a patient suffering from any one of these diseases would be more widely diffused—true—but it is so diluted that unless a person is peculiarly susceptible to its action, it makes no impression.

Without entering into a consideration of the germ theory of disease, which is the theory that every infectious disease has its specific germ, and that the entrance of this germ into the system gives rise to a peculiar disease, which favors the generation of, and the multiplication of its own germ—which has been ably advocated by Liebermeister, Lebert, Haenish, Oertel, and many other medical investigators—and as ably denounced by Dr. Bastian, Prof. of pathological anatomy, in the University College, of London, in his article which appears in the August and September numbers of the London Microscopical Journal, and by others. I will mention the fact that Oertel and Hueter discovered in the diphtheritic membranes, the subjacent diseased parts, and even in the blood of patients suffering from diphtheria—great numbers of vegetable organisms, or bacteria, and they contend that these vegetable organisms are not of accidental occurrence—but are inseparable from the diphtheritic process, and that without these peculiar bacteria there can be no diphtheria. In the fibrinous deposit of croup they are not found, but in every case of diphtheria, in the deposit, whether it was of

the catarrhal or fibrinous form, whether it was taken from the fauces, the larynx, trachea, or from the uriniferous tubules of the kidneys—or from abraded portions of the surface of the body, they were found in great numbers.

Diphtheria makes its appearance as a local inflammatory process—generally, first upon the mucous membrane of the mouth and pharynx, from which if uncontrolled, it extends to the larynx, trachea, the bronchial passages—and to the mucous membrane of the nose. It is characterized by the formation upon these mucuous surfaces of a grayish white, false membranous deposit. Subsequently there is a general infection of the entire system, the symptoms of which will be described further on—and in cases that pass safely through these stages—sequelæ generally present themselves in the shape of partial or complete paralysis of certain muscles.

The membranous deposit is by no means confined to mucous surfaces, but may appear upon excoriated parts of the skin on any portion of the body.

A very curious case was recorded in one of the daily papers quite recently, of the local disease appearing as a primary affection upon the two thumbs of a child, who had a sister ill with diphtheria. In this case the child had broken the skin on the back of both her thumbs. She was taken down with all the constitutional symptoms of the disease, but there was no membranous formation on the throat. But this membrane was formed on the back of each thumb, over the places where the skin had been abraded. The membrane was removed, and another formed in its place.

The child recovered without the appearance of the diphtheritic membrane in any other portion of the body. But some days after apparent recovery, she developed a pharyngeal paralysis—and a complete paralysis of the lower extremities, which gradually subsided, leaving her in a perfectly healthly state.

This is the only case that has come to my knowledge—where the disease developed primarily on any but the mucous tissues of the body. But it is not uncommon for the membrane to appear upon abraded portions of the skin, in patients suffering from the disease.

SYMPTOMS.

The symptoms at the onset of the disease are of so trifling a character that the attention of the patient is hardly called to them—and it is rare that the physician, unless there are cases of diphtheria in the house or neighborhood, has an opportunity to inspect the throat, before the membranous deposit has made its appearance. If he does, he will find a slight redness diffused over the fauces, or confined to one or both tonsils. The patient will complain of pricking sensation on swallowing—and a slight feeling of prostration, with perhaps a little fever. As the disease progresses, the fever will become more intense, the skin will be dry and hot, the pulse full and frequent. There will be more or less headache, and the difficulty in swallowing will increase—in some instances there will be nausea and vomiting—the submaxillary glands, and the glands of the neck are swollen and painful to the touch. Now, upon examining the throat he will find small irregular roundish islands of grayish white material, at first thin, but gradually becoming thicker, and frequently running together, forming large patches. If the disease progress no further, the constitutional symptoms will subside, and on the fourth or fifth day, sometimes even earlier the patches will loosen and fall off, and the patient aside from gentle prostration is restored to health.

It has always been a question in my mind whether these cases which end here, and are called by Oertel the catarrhal form, were in reality genuine cases of diphtheria, or whether they were a simple form of pharyngitis, characterized by a non-infectious deposit, called by Niemeyer, croupous in-

flammation of the pharyngeal mucous membrane. When I have heard physicians speak of treating several hundred cases of diphtheria in the course of a single winter—I of course know that they included these catarrhal cases, which in my experience generally yield readily to treatment—and thought they were mistaken in their diagnosis—for I had been in the habit of including in my cases of diphtheria only the more aggravated, those which were persistent, and characterised by the appearance upon the mucous tissues of the fibrinous membrane, like wash leather, which would be thrown off in thick patches, but from the fact that the severer form commences in this mild way—and from the fact that investigators assert, positively that the deposit, although, until it assumes the croupous form contains *no fibrin*—in every instance abounds in the peculiar bacteria characteristic of this disease. I am led to believe that the many hundred cases of this kind which I have seen, especially those which seemed to be communicated by contagion were indeed genuine cases of diphtheria, and am delighted to think of the success I have met with in the treatment of them. For if Oertel is correct, if left to themselves, from want of proper treatment—in many instances they will run into the croupous form, which is characterised by the fibrinous deposit, by the severe constitutional symptoms, and which so frequently terminate fatally.

Now if the disease ends with this catarrhal form, as was said before, the deposit will thicken and fall off. But when there is a tendency for it to progress to the so called croupous form, the deposit will not thicken—but will remain attached to the fauces, generally of the same form, thickness and size as when first observed. The constitutional symptoms will not increase, perhaps they will be less violent than at first. The cervical and submaxillary glands will remain in the same swollen and tender state, the inflammation neither increasing or diminishing, when suddenly, after the lapse of four or five days

there will be an exacerbation of all the symptoms. There will be violent headache, high fever, an increase of soreness in the throat—and symptoms of general constitutional disturbance—the already swollen and tender glands become more enlarged and more painful. Upon examining the fauces there will be found a diffused redness, the tissues will be swollen, the patches which had up to this time remained isolated from each other, now rapidly run together, and large fibrinous membranous deposits form over the tonsils, frequently enveloping the uvula, and covering the soft palate, the pillars, and posterior wall of the pharynx. These patches will be first of a yellowish, and then of a grayish white, or dirty grayish color—and almost like leather.

The constitutional and local symptoms do not always increase with the formation of the membrane, the difficulty of swallowing may be trifling—and the temperature but little above the normal. All this time the diphtheritic membrane may be spreading slowly through the cavity of the mouth—and into the larynx, and nasal cavities. There is more or less secretion of tenacious mucus, which the patient will vainly endeavor to detach. Unless the mouth is kept clean with disinfecting fluids, the breath of the patient will become exceedingly offensive. The swelling of the cervical and submaxillary glands increases in intensity. At this stage, if the urine be examined, it will generally be found to be heavily charged with albumen, and to contain epithelial casts.

If the diphtheritic process has extended into the nasal cavities, we have in addition to the pharyngeal symptoms those of a severe nasal catarrh—the discharge at first transparent and thin, gradually assumes a brownish color—is frequently mixed with blood, and has a foul disgusting odor. As the acrid discharge flows from the nose it excoriates and reddens, the skin about the nostrils and the upper lip. If the diphtheritic process extends through the lachrymal ducts, the conjunctiva of

the lower lid may become covered with the membranous deposit. It is not uncommon for the eustachian tubes to become involved, under such circumstances it will extend to the inner surface of the tympanum, and after the membrane has been thrown off, the drum head will be perforated, and a puriform fluid will flow from the external ear. If the membranous exudation extend to the larynx, we have all the symptoms of true croup—the dry metallic cough, the labored respiration, with the equally difficult inspiration and expiration, especially in children, owing to the diminution in the dimensions of the tube. If in adults, from the increased size of the larynx the symptoms will not be so marked, the voice will be hoarse, there will be a dry cough, and but little or no interference with the respiratory effort.

If the disease progress no further than the formation of the membrane, the fibrinous masses may be thrown off in large flakes, and those lining the larynx and trachea in the form of casts. It is contended that the fibrinous deposits in the larynx and trachea never liquify—but that they are always detached and thrown off in cases that recover. This is not so in the nasal passages, in the eustachian tubes, or lachrymal ducts, here the membranes may liquify and be absorbed.

In by far the greater number of cases, when the fibrinous membrane has formed, there are symptoms of blood poisoning from the absorption of the products of the disorganized tissues, this occurs quite early in the course of the disease, frequently on the third or fourth day, sometimes later. The first indication will be the foul smelling and fetid breath—which increases as the symptoms become more marked, the false membranes will assume a dirty gray, brownish appearance—they become soft, and break down into a semi-solid greasy layer. There will be an excoriating badly smelling discharge from the mouth, as a result of the decomposition of the membranes, which will

redden and inflame the skin at the corners. The glands of the neck become much inflamed, and sensitive to the touch. The face becomes bloated, pale, wax like, the pulse small, weak, irregular, and remarkably slow. There is but little change from the normal temperature. There is extreme prostration, but in spite of all this the brain remains comparatively clear even to the last.

If the case terminates in recovery, there will be a gradual subsidence of all the symptoms. Convalescence is slow and extends, under the most favorable circumstances, through many weeks—if there has been blood poisoning from the absorption of the result of the disorganized tissues. If there has been no septicæmia the recovery is more rapid.

If the case terminate fatally before the appearance of symptoms of blood poisoning—death is the result of the extension of the fibrinous deposit into the larynx and trachea, in children, acting as in croup, as a mechanical obstruction to the ingress of atmospheric air.

It is rare that this extension, alone is the cause of death in adults, owing, as was said before to the increased dimensions of these tubes—although severe laryngeal symptoms present themselves, the membrane is not thick enough to produce such a degree of narrowing as would be required to interfere with a proper aeration of the blood.

But the deposit does not stop here, it extends still further down, and the mucous membrane lining the larger and smaller bronchi becomes involved.

In the case of my friend, the symptoms of septic poisoning were not marked.

He died from carbonic acid poisoning, the result of the extension of the membrane into the bronchi and bronchioles. A post mortem examination was made, and the larynx, trachea, some of the larger, and many of the smaller bronchial tubes were found to be lined with this fibrinous deposit.

In the septic form, when the symptoms are marked, showing that the whole organism is affected—death results speedily from exhaustion, or from paralysis of the heart, and upon post mortem examination, the heart will show evidences of fatty degeneration.

A cause of sudden death even after convalescense is fully established, is sometimes anæmia of the brain, the result of some quick movement, such as suddenly rising from the recumbent posture.

This is also the frequent cause of death in other exhausting diseases. Many cases are on record where fainting fits from this cause have resulted fatally. Liebermeister relates the case of a woman who was recovering from a mild attack of fever—who was feeling well, and had a short time before eaten a meal with evident relish—rose suddenly and went to the water closet, where she fainted, and in ten minutes she was dead. He also mentions the case of a man who, owing to a severe attack of fever, followed by extensive bed-sores, had been obliged to maintain the recumbent position for months—was attacked every time on his first attempts to sit up in an arm chair, with nausea and vomiting, followed by severe collapse, and almost complete loss of consciousness; all this in spite of his otherwise feeling well, and having almost regained his former weight and strength—he was obliged to accustom himself very gradually to the upright posture.

Within the last week a professional brother in this city told me of a case of apparent recovery from diphtheria, in his own practice, where the patient who had not yet left the bed, suddenly rose from the recumbent posture—owing to fright, caused by a noise made in the street by a party of boys, who were enjoying thanksgiving day, by having a fantastic procession. The sudden effort brought on a fainting fit, from which she did not recover.

The danger in the catarrhal form, lies in the possibility of

its running into the croupous form, with fibrinous exudation, and death in children, from an extension of the membrane to the larynx and trachea. Oertel says that the average rate of recovery in such cases scarcely amounts to five or possibly ten per cent. In adults the danger is from septic poisoning.

The smaller the surface covered by the false membrane the less the danger. If the process extend to the nasal cavities the danger from septicæmia is of course greater.

If the temperature rises during the course of the disease, and the fever assumes a low prostrating form, it is an indication of general blood poisoning, and death is generally the result.

SEQUELÆ.

One of the most marked symptoms following an attack of diphtheria is the extreme prostration. Some time elapses before the patient regains his accustomed strength.

In many cases there is complete paralysis of the muscles of the soft palate and pharynx—this condition comes on gradually, and is fully developed during the second or third week after apparent recovery. In the majority of cases these are the only muscles involved—although cases are on record where there was general paralysis of all the voluntary muscles

Paralysis of the muscles of the eye is not uncommon—under such circumstances there is more or less obstruction of vision—the eyes are easily fatigued. Sometimes there is double vision.

In other cases paralysis of the muscles of the lower extremities follow upon the pharyngeal—sometimes the sphincter muscles of the bladder and rectum are involved. Not an uncommon sequelæ, is absence of the venereal appetite in men, with loss of all power of erection—lasting in some instances for several months.

It is rare that diphtheritic paralysis becomes permanent but weeks elapse before the muscles are restored to their natural condition.

(Concluded in May No., page 233.)

CYCLAMEN IN ENTERALGIA.*

Dr. Strupp, of Moscow, gives three cases of cure of very troublesome enteralgia by *Cyclamen*, which are worth recording. The first was a man, æt. 35, who had been suffering for years, and had been treated by many allopathic physicians, who all recommended different mineral waters, but without any good result. The patient is a man of robust appearance. His malady consisted in nightly attacks of uneasiness in the bowels to such an extent that he had to rise from bed and walk about, which did not remove the discomfort, but made it more endurable. Accompanying the discomfort there was rumbling in the bowels and a feeling of great illness. He found, as he thought, that eating or drinking in the evening made the attacks worse, so that he had entirely discontinued to take food or drink in the evening; but though the uneasiness was thereby lessened it was not removed. After such an uneasy night, he was the following day quite exhausted, and unfit for work. He got *Cyclamen* 12, a dose a day; and after four such doses he was completely cured of this long and tedious ailment.

The next case was a man of 60, of delicate frame, the face covered with an eruption of dry tetters, sunken cheeks and red nose. After seeking the advice of a celebrated allopathic physician, who prescribed leeches, to which he would not submit, he consulted Dr. Strupp. He said that his sufferings commenced every evening about seven o'clock, with a gnawing pain in the bowels, that soon spread all over the body, and he was forced to walk about for a couple of hours until he became so worn out that he fell asleep. After a few hours' sleep he awoke with the pains, but they were not so violent as to prevent him following his occupation of teacher of music. Four doses of *Cyclamen* 12, once per diem, removed these pains completely, and he was never afterwards troubled with them.

The third case was that of Prince G——, æt. 40, who had long suffered from gnawing pains in the bowels, for which he had had much allopathic treatment without benefit, and had been recommended a warmer climate. He went to Italy, first to Nice, which did no good; afterwards to Cannæ, where he was better, but on returning home the pains came on as bad as ever. His appearance denoted much suffering, the face was bloodless, with sunken features; he complained of great debility, loss of appetite, a lifeless feeling in his bowels, and constant gnawing pains in the abdomen. He could take but little

* *Br. Jour. of Hom.* No. 135.

nourishment, as all food caused great discomfort and swelling of the abdomen, with frequent eructations of flatulence. The motions were rare and hard, and could only be expelled with great effort, except that sometimes he had thin, watery, and slimy evacuations. Four doses of *Cyclamen* 12 caused great amelioration, and after several months of this treatment, he completely lost this painful affection.

CALCAREA CARBONICA;

A REMARKABLE THERAPEUTIC PROPERTY OF.

BY DR. H. GOULLON, JUN. *

We not unfrequently find in the course of gastric fever, typhus, typhoid, acute rheumatism, and allied morbid processes, a period of complete *sleeplessness*. An inward excitement, not always accompanied by pain, will not allow the patient to obtain his wished-for rest. This torturing unrest or excitement of the nervous system can go so far as to cause delirium. It lasts for an indefinite time, and belongs, so to speak, to the primary action of the morbific cause. The attendant peripheric phenomena are not characteristic, with perhaps the exception of a constantly present gastricismus which betrays itself by a snow-white or dirty yellow fur on the tongue, complete anorexia, thirst, tympanitic distension of bowels, pappy taste, and irregular fæcal evacuations. The action of the skin is generally lowered, the skin feels burning hot to the hand, and the thermometer shows an elevation of temperature by two or three degrees. Sometimes the patients assert that they sweat, but it is only a partial, unsatisfactory, uncritical transpiration. Their chief complaint is, however, "If I could only sleep!"

When the night comes, their heated fancy presents to them all sorts of illusory images, and they hear every hour strike. No wonder, then, that when morning comes, they feel weaker and more ill than the day before.

As regards the pulse it is decidedly feverish; at one time we feel a full hard pulse, at another a weak pulse, announcing perspiration, but it is always a quick pulse.

Under these circumstances no remedy is more suitable than Calcarea carb. This medicine is particularly useful in *spasms*, such as the convulsions of teething children, and even fully developed epilepsy, and probably a *spasm* is at the root of the sleeplessness and other attendant symptoms. It is to be given in doses of the 30th dilution, repeated every three

* *Br. Jour. of Hom.* No. 135.

hours ; and it is astonishing how rapidly it restores the much-needed sleep.

SCARLATINA AND DIPHTHERIA.

Dr. Goullon published in the *Allg. Hom. Zeitung*, says *Br. Jour. of Hom.*, a case of scarlet fever complicated with diphtheria which terminated fatally, and he appealed to his colleagues to let him know what he should have done in order to save the life in such a case. He now publishes two answers to his appeal, one from the veteran Constantine Hering, who says: "Since 1838 we no longer give *Belladonna* in scarlet fever, it is only muddlers (*Sudler*) who gives *Acon.* and *Bell.* in alternation. The first remedy we discovered was *Rhus tox.*, but malignant cases only yield to *Arnm triphyllum*, which I learnt from a quack. Then my friend Wells was led by a case of poisoning to propose *Ailanthus glandinosa.* By these two remedies so many cases of scarlatina were cured, that now for some years past we have never lost a case of scarlet fever."

CEPHALALGIA PERIOSTITICA:—CURE WITH MEZEREUM.*

It had first appeared after a drive in an open carriage in which she had been exposed to a bitter cold wind. The pain was of an aching description in the vertex and occiput that was always worst at night, and declined towards the morning. She had visited many different mineral waters, the last place being Teplitz, which had done her a great deal of harm, as the pains became almost continuous. While the pain lasted she groaned and wept, sobbed even ; she was very sensitive and irritable, and during the violence of the pains she felt a cold shudder down the back, and the hands were cool, the feet as if bruised. She had also simultaneously with the head pains severe pains in the bones of the upper arm and in the shin bone. A distinct thickening of the scalp could be felt in the painful parts, which were all very sensitive to the touch. The painful parts of the arms and legs were also very tender, but no swelling could be felt there. The affected limbs felt almost paralysed and very heavy. A careful comparison of the symptoms with the pathogenetic records led Kafka to select *Mezereum*, under the use of which the pains rapidly subsided, and after four months' treatment with a dose of *Mezereum* 6^{x} every day the whole disease was removed, and the swelling of the periosteum, together with its tenderness, quite disappeared.

* By Dr. Kafka. *Br. Jour. of Hom.* No. 135.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

A MANUAL OF BANDAGING*

IMMOVABLE DRESSINGS.

This variety of surgical dressing has long been known to the profession. The Father of Medicine, Hippocrates, was quite conversant with the use of this apparatus, and used it in most of his cases of fractures. His teachings upon the subject seem to have been lost sight of, however, during the many centuries that have followed him, and so the introduction of this style of dressing, during our later years, has been accredited to the *reviver* as a new discovery. *Resurgam* is the epitaph of all things surgical, and the history of the succeeding ages is but the unfolding of the truthfulness of the prophecy. In other words, a modern inventor (so-called) can hardly hope to be anything further than a reviver of some forgotten principle.

The stiffening substance made use of by Hippocrates, was wax, rosin, and cerate, instead of the plaster-of-Paris, starch, dextrine, etc., made use of by the moderns. This was well rubbed into the the bandage, and upon each succeeding turn of the applied roller, besides being applied to the compresses, packings, and even the limb itself.

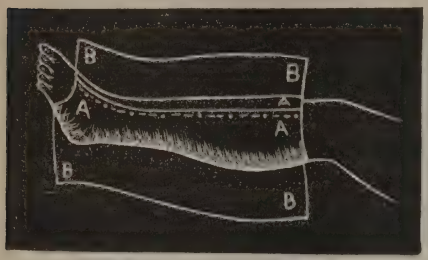
THE BAVARIAN PLASTER SPLINT.

Description.—Take two pieces of Canton flannel, of length sufficient for the injured member, and of width sufficient to overlap slightly when brought around the limb. Those for the leg would resemble the pieces of the leg of a stocking when it is cut vertically. The pieces should now be stitched together at the back, one to the other, down the median line.

* Continued from page 145.

Application.—Spread the bandage out under the limb, so that the stitched portion will correspond to the back of it; carry, now, the upper piece about the limb, and fasten by stitches or pins, as you see in the wood-cut, figure 102, A, A, A. The member now being firmly held, an assistant mixes the plaster-of-Paris with about an equal bulk of water. This is then poured over the limb, when it is enwrapped with its covering, A A A, and evenly distributed over its surface. The edges B B B B of the other piece of flannel are then caught up and brought forwards around the limb, and confined by a suitable roller, or by straps. The plaster soon hardens, and then the edges of the bandage may be trimmed, the portion pinned or sewed can be unfastened, and you have then an excellent splint for a member. The stitching at the back plays the office of a hinge, thus facilitating its removal and application.

FIG. 102.



The Bavarian Plaster Splint.

Caution.—In this, and all other hard dressings intended to remain some time upon the limb, you must guard all unevennesses of the member, as the region of joints, etc., with abundant layers of cotton-wool, as the bandage is apt to contract slightly after its application, thus engendering gangrene. Generally it is best to wait three or four days after simple fractures, as of fibula or tibia, with no displacements, before the strictly immovable dressing is applied. In other cases ten or twelve days is about the usual time recommended by authors.

Uses.—As a support to a dislocated member, fractured bones, or separated cartilages; also in inflammation of joints when "absolute rest" is to be sought.

If there should be any undue swelling of the limb, or over-much pain be caused by the pressure of the bandage, of course it should be at once removed. The following rules, from Hippocrates, are clear and decisive, and form an excellent guide for the surgeon in bandaging, either with the movable or immovable apparatus.

Quoting from *Περὶ ἀγμῶν*, § 5: "These are the signs if the patient has been properly bandaged: if you ask him if the limb feels tight, he says it does, but moderately so, especially about the seat of fracture. And these are the symptoms of a moderately tight bandage: for the first day and night the patient fancies the tightness does not diminish, but rather increases; on the next day there is a soft swelling [œdematous] in the hand, or foot, for this is a sign of moderate compression; but at the end of the second day the compression should feel less, and by the third day the bandage should seem loose. If any of these symptoms be wanting, you may conclude that the bandage is slacker than it should be; or if any of them be in excess, you may infer the compression is more than moderate [*i. e.* hurtful]."

THE COMMON PLASTER DRESSING.

(*Pirogoff's Plaster Bandage.*)

Description and **Application.**—Having first well padded the limb with cotton-wool, envelope it with a flannel roller, neatly, evenly, and somewhat tightly. Then make your plaster ready, by getting it to the consistency of cream, by adding to it about an equal bulk of water (mixing up but one-half a teacup of it at a time); into this mixture dip the pieces of muslin (thin) that you have prepared in suitable strips, and squares, and begin laying them evenly around the limb. As soon as the plaster-mixture begins to harden in the dish, throw it out and mix up a new batch, continuing the application of the muslin strips, as before. You will find strips two to four inches in width, and long enough to go one and one-half times about the member, the most convenient size for applying, except in the region of joints; here squares, or oblong squares, are very serviceable. When you have the whole to the requisite thickness to furnish efficient support to the member, encase the whole dressing with a layer of the gypsum, by pouring a portion upon the limb enveloped with plaster-cloths, along its entire length.

The same cautions should be observed here as in the preceding variety, remembering this is a *permanent* dressing. The limb should be kept immovable during the application, and *very* quiet for some

time afterwards, so that the plaster may not be cracked whilst hardening. After this, if the condition of the patient permits, the member can be swung in a "sling," and the patient permitted to walk or ride out with little or no danger.

Uses.—These are similar to those just enumerated under the Bavarian bandage.

It might be well to notice that the *hardening* of the plaster can be *delayed* by the addition of a little stale beer, or size, to the mixture; or it can be *accelerated* by the addition of sodic chloride (common salt), or by using warm water to "wet it up." It is best to paint the whole, after it is dry, with an application of glue, varnish or albumen, so as to prevent "chipping" of the exterior. This bandage is also made of starch.

STARCH, OR PLASTER, ROLLER.

Description and Application.—Having a bandage (of the required length and width) of some meshy or loosely woven material, fill it with the powdered gypsum, or starch, by rubbing it in, and then roll up firmly and evenly. Have the limb of your patient protected with the cotton-wool, then dip the roller into water, so that it becomes *wet throughout*, then apply it as you would a common "spiral" or reversed bandage to the same member. It quickly hardens, and you have then quite a firm casing for your patient's limb. It is not so secure or firm as the Starch or Plaster Dressing just described, yet is very useful in many cases.

Varieties.—The roller may be prepared as above, and on each succeeding turn of it about the member, it may be freely brushed over with the plaster-cream, starch, gluten, silicate of potash, glue, or whatever hardening substance is used, as in the method employed by Hippocrates when using his compound of rosin, wax, and cerate; at last brush the whole over with a thin layer of the substance made use of.

In all of these "hard" bandages, it is well, a day or two after its application, to give the whole a coating of varnish, gluten, or gum, in order to prevent the bandage "chipping."

This form of *plaster* dressing was introduced by the Dutch surgeon Maythysen.

The *Bandage of Scultet* has also been made use of to make the "immovable dressings;" but it is not secure enough to come into general use. It is the parallel strips seen at B, figure 86, page 99, and is to be similarly applied.

The Silica Bandage is now considerably used. It dries more readily than the gypsum, and possesses the advantage of being soluble in water, hence quite easily removed.

The Parrafin Bandage of Mr. Tait is recommended for open wounds, as it does not absorb the secretions as do the other varieties of dressings. The substance is kept melted by having its container in hot water. The roller is to be passed through it as it is applied.

FENESTRATED IMMOVABLE DRESSINGS.

Description.—Any of the preceding varieties of immovable bandages may have openings left in them through which the secretions may find ready exit.

It would be well to coat the margins of the fenestræ for some distance around them with parrafin, so as to prevent the absorbtion of the fluids by the dressing.

If the parrafin should happen to crack, it can be easily mended by passing a hot spatula over it.

Uses.—These are applied in cases of compound fractures, or where a suppurating surface would otherwise be covered by the dressing.

UPON STRAPPINGS.

In strapping a limb we seek one or more of the following purposes:

I. A "support" to the divided tissues.

II. A compression of the part so as to favor absorbtion of effused materials, or to prevent too exuberant granulation, or herniæ.

III. To gain a fixed point upon the member, so as to be enabled to maintain extension of the same.

For one, or all of these purposes, the common adhesive plaster of the shops (*Emplastrum Resinæ*) is employed. The formula for its preparation, according to the *American Pharmacopœia*, is:

℞. Resinæ pulveris, ℥ vi;
Emplastri Plumbi, ℥ xxxvi.

This often proves irritating to the skin, from the amount of resin it contains, if the plaster is to be long applied. The irritability of the plaster may be lessened by using less resin in its making.

Baynton, to whom the profession is indebted for the introduction of the "strapping treatment" of old ulcers, made use of a formula containing but six drachms of the rosin to a pound of the lead plaster, less than one-half the amount used in the Officinal formula.

The Dublin College, and also the British Pharmacopœia, incorporate a small amount of soap in their adhesive plaster, thus engendering a greater pliability of the dressing.

The plaster is spread upon heavy muslin, or Canton-flannel, by the aid of machinery, and comes to us in rolls of several yards in length. The strips we use should always be cut *lengthwise* from the roll; otherwise the cloth will "give," when extension is made upon it, thus loosening the plaster from its "hold" upon the member.

Generally narrow strips are employed in supporting wounded parts, but those from one to two inches in width when compression or extension, is desired.

After the strips have been cut they should be heated by placing the back of the plaster to a tin vessel containing hot water, or to the stove-pipe, before applying to the limb. They will "take hold" much better by so doing. If the part to which they are to be applied is *hairy*, a "clean shave" will be necessary before you can make a satisfactory application, and will save much trouble and pain when you come to remove them.

In removing adhesive strips from a wound that is uniting, care should be exercised lest you pull the lips of the wound assunder. If you support the wound with your finger, and remove each end of the strip *up to*, and not crossing over, the uniting line of the divided structures, you will reduce this danger to a minimum.

The portion of the plaster adhering to the limb, after the strips have been removed, is best cleaned off by first rubbing with olive

oil, vinegar, or turpentine, and then washing away with soap. The surgeon's fingers are readily cleansed in the same way.

Oftentimes you will find the plaster discolored when applied to a suppurating member. This is owing to a decomposition of the lead in the plaster, due to the action of the secretions upon it.

FOR THE FOOT AND ANKLE.

Application.—Having cut your strips one or one and one-half inches in width, and of sufficient length to cross over the end first applied, as you see in the figure, you place the centre of the strip over the back of the heel, and bring one end, 1, down firmly, and somewhat forcibly, to the 5th metatarso-phalangeal articulation. Then seize the opposite end of the strip, and bring it equally firmly down over the tarsus, 2, to the 1st metatarso-phalangeal articulation. The other strips, 3, 5, and so on, are applied in a similar figure-of-8 manner, having care to overlap each preceding one a portion of its width. You will find you can exercise almost any amount of pressure by adhesive strips so laid, and care should be used lest you interfere too much with your patient's comfort, and so have to take them off before their therapeutical effect may be accomplished.

FIG. 103.

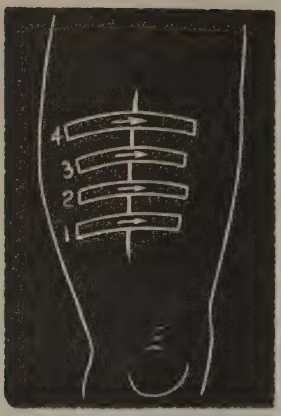
For the Foot and Ankle.

Variety.—Any portion of the body, when compression is desired, is wrapped in a similar figure-of-8 style, ulcerated surfaces being included in the strappings. It is really surprising the way some chronic (especially varicose) ulcers will improve after a week's treatment of good and vigorous strapping, although at the time of their application they may be somewhat painful to the patient.

FOR WOUNDS.

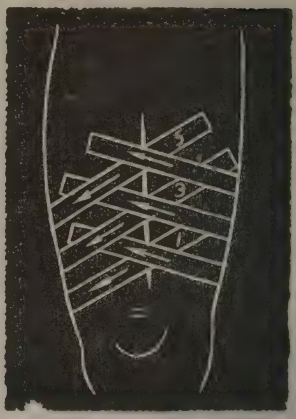
Application.—Having your strips cut of the requisite length (if the wound be not deep they need not surround the limb, but if the cut be to the bone, large enough to a little more than encircle

FIG. 104.



For Superficial Cuts.

FIG. 105.



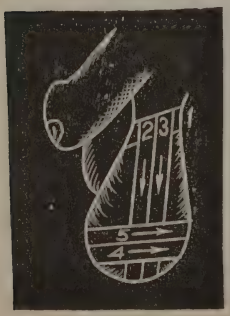
For Deep Cuts.

the limb), you begin at the bottom of the wound (1, in figures 104 and 105) to apply them, the lips being held approximated by an assistant. The first strip having been applied, you follow in the same manner with the remaining ones, having care not to overlay either angle of the wound, or to apply them so closely that pus will not have a free escape. Some surgeons prefer to suture the lips of the wound, and then apply the plaster-strips between the sutures. But if the form of strapping represented in figure 105 be used, sutures will be rarely needed.

FOR THE TESTICLE.

Application.—Having the parts shaven, have your patient stand against the edge of a table, or with his back to the wall, keeping the legs separated. You then seize the diseased testis with your left hand, separate it from its fellow, and press it as far as possible into the scrotal sac, thus making its coverings as tense as may be. A short roller, having a width of one-half or three-quarters of an inch, is then wound three or four times about the upper portion of the scrotum, encroaching somewhat upon the epididymis, as 1 in the wood-cut, thus confining the testis. This roller is then fastened by a short piece of

FIG. 106.



For the Testicle.

the adhesive plaster. You then pass the strips 2 and 3 (which are one-half or three-quarters of an inch in width, and long enough to go perpendicularly around the gland), completely around the testis, beginning them at, and *upon*, the previously applied roller, and ending them there. This should be continued until the whole organ has been thus enwrapped. Then, taking long pieces of strapping, one-half an inch in width, encircle the gland spirally from the bottom, 4, 5, to the top, overlapping each preceding turn, finishing them over the roller that was first applied.

Uses.—In chronic enlargements of the testis, or in some cases of hydrocele. After a day or two's application the organ will be found to have shrunken; then the dressing is to be removed, and reapplied.

Variety.—See page 110, upon the *tubes caoutchouc vulcanisé* of Nélaton. The *Capote* is also made a legitimate use of in these cases. In both instances the roller, 1, is to be applied before the rest of the dressing. The ring of the capote should rest upon the applied roller.

FOR THE BREAST.

Description.—The strips having been cut to a width of one and one-half or two inches, and a length of some thirty inches, they are ready for

Application.—The Mamma being supported by an assistant you fasten one end of the strip over the spine of the scapula of the diseased side, and bring it down under the same axilla, and then pass it diagonally upwards across the chest, encroaching upon the gland, to and over the opposite shoulder, there ending; you thus follow course 13 of the Cross of One Mamma figured upon page 78. The other strips should be applied in a similar manner, only encroaching upon the gland more and more, until the necessary support has been given.

If *compression* is desired, cross strips can be run diagonally downwards across the chest, from over the shoulder of the diseased side to the hepatic region.

An American surgeon has taken advantage of the expansibility

of sponge in maintaining compression of the mamma. The sponge (a large one) is thoroughly cleansed and impregnated with some antiseptic, and then pressed between two flat surfaces until it becomes dry, and as flat as possible. It is then firmly strapped or bound upon the breast with some one of the breast bandages which have been described, and is gradually made to expand by moistening with water, if the secretions from the gland or sore be not sufficient for this purpose.

Uses.—As a support of an inflamed or hypertrophied breast. Also, when compression is used, as a therapeutic agent in the treatment of any of the various forms of abscess that may arise within or about the gland.

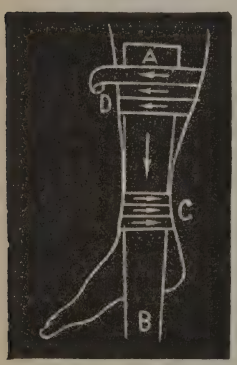
FOR EXTENSION OF THE LEG.

Description.—Two broad and somewhat tapering adhesive strips, of a length sufficient to reach from the knee-pan to below the foot and tie.

II. Several narrow strips of the same material to surround the limb when the extension strips are applied.

Application.—The broad strip, A–B, is warmed and applied to the side of the leg, while its fellow is made to do similar service upon the other side of the member. The narrow adhesive strips, C, and D, are then applied spirally about the leg, as confiners. The inferior ends, B, of the two side strips are then tied together, and a wedge of wood, a little longer than the foot is wide, is placed within the noose, to which the weight is attached. The wood is used to prevent the chafing and constriction of the foot, which would otherwise occur, from the bringing together of the two inferior ends of the extending strips, as soon as the weight was attached.

FIG. 107.



For Extension of the Leg.

Uses.—In cases of fracture where extension is demanded. Also, in chronic arthritis, and for overcoming vicious contractions.

Variety.—This dressing may be applied to the upper extremity, though an occasion rarely calls for its use there.

KNOTS.

Ligatures were introduced to the profession by Ambroise Paré. Previous to his time the "actual cautery," or the cautery of boiling oil, was made use of for arresting hæmorrhage. Ligatures are confined by knotting their extremities closely down upon the divided vessel they surround. Various styles of knots are employed, though we shall limit ourselves to a description of but three.

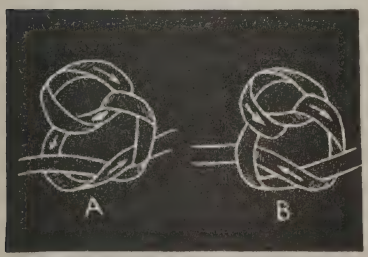
THE SURGEON'S KNOT.

Description.—This is formed by passing one extremity twice about the other, in making the noose; and hence makes a more bulky knot. Sometimes the first knot of a ligature is the common single knot, and then the Surgeon's knot is made, thus securing it. The objection to this knot is its bulkiness, though it is in quite common use with some operators.

THE REEF KNOT.

Description.—This is the ligature knot in general use among surgeons for arresting hæmorrhage.

FIG. 108.



The Reef and "Granny" Knots.

A "Granny" knot, B, is quite frequently made for the Reef, A, through inattentiveness of the surgeon; and students almost invariably make it on their first trial of the Reef. It is not a really bad knot; yet it lacks the firmness and surety of the Reef. The Reef knot, A, is made by first crossing the ends of the ligature so that the one held by the right hand shall be uppermost. You then pass the right extremity around that held in the left hand, from within outwards; this makes the first knot, which is pressed firmly down to, and drawn con-

strictingly around, the vessel, by the *finger tips*. You then cross the ends again, so that the extremity that was held by the right hand, when making the first knot, shall *still be uppermost*, although consigned to the keeping of the left hand. The second knot is then made by passing the end now held by the right hand (formerly held by the left) around the other extremity, from without inwards, then drawing it closely down to its fellow by the finger tips again, thus completing the knot as a whole.

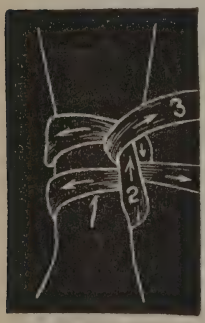
The secret in avoiding the Granny knot, B, is in keeping the uppermost end of the first knot still uppermost when making the second one.

In pulling the ends of the ligature, to tighten the knot, always have the direction of the force *downwards, or towards the vessel.* You will thus avoid jerking the noose from the vessel should the fingers slip from the thread, or the thread break.

CLOVE-HITCH KNOT.

Description.—A strong crash towel is about as good as anything for making this knot. Previous to its application, the part over which it is to be applied should be enveloped with a wet piece of lint; this serves the double purpose of protecting the limb from excoriation, and of preventing the slipping of the knot from off the extremity when making traction.

FIG. 109.



Clove-hitch Knot.

Application.—Place one of the extremities of the towel, or cravat, over the back of the forearm, for example, as at 1; pass now the other extremity down across the arm, and up over (diagonally from below upwards) the one first applied, as at 2. Ascend the arm a little space, and then make another horizontal turn about it, bringing the end up under the course 2, thus finishing course 3.

Uses.—For extension of a member during reduction of a dislocation. More especially applied to the superior extremity.

M. GERDY'S EXTENSION KNOT.

Description.—This knot is executed with a cravat one and one-half yards in length; the length, however, varying, according to the purposes for which it is employed.

Application.—Place the centre of the cravat upon the tendo Achillis, just above the ankle joint, having the dorsal surface of the foot towards you; then bring the two extremities of the cravat forwards, crossing them upon the front of the tibio-tarsal articulation, 1′; carry the two ends downwards to the plantar surface of the foot, recrossing them to carry them up, 2, 2′, in front of the malleoli, and under the crossed extremities, 1, 1′; then bring them downwards, as 3, 3′, to fasten as required.

FIG. 110.

M. Gerdy's Extension Knot.

Variety.—Instead of putting the courses 2, 2′, beneath the crossed extremities, 1, 1′, from below upwards, carry them up across these courses, and pass them, from above downwards, beneath the courses 1, 1′; afterwards make a final fastening as desired.

Uses.—For extension of the lower extremity, as in dressing fractures; the counter-extension being made by the perinæal band, or inclination of the bed.

UPON CATAPLASMATA.

CATAPLASMA CARBONIS—(*Charcoal Poultice*).

FORMULA.*—Take of wood charcoal, in powder, one-half an ounce; bread crumbs, two ounces; linseed meal, one and one-half ounces; boiling water, ten fluid-ounces. After macerating the bread in the water for ten minutes before the fire, mix well, and then gradually add the linseed meal, and intimately incorporate this with the mass. To this add one-half the charcoal, stirring it well in, and then sprinkle the remaining charcoal upon the surface of the cataplasma, when spread.

The bread is not a necessary ingredient of this poultice, though advised by the *Pharmacopœia*. It is quite as well if dispensed with, and the poultice is so made by most American dressers.

*NOTE.—The Formulæ of most of these cataplasms are taken from the *British Pharmacopœia*.

If the water is taken at the temperature of boiling, as the *Pharmacopœia* recommends, the poultice, when spread, is generally of as sufficiently high temperature as the part can well stand. Should the poultice have become cool, however, it should be heated by placing upon a stove, hot-air or steam-pipes.

Uses.—In a general way all poultices have the same use; that of retaining warmth and moisture to a part, thus accelerating sloughing and the discharge of inflammatory products; also that of protecting the surface from the air, and changes of temperature. Besides these more general uses, each kind may have a specific purpose of its own, as in case of the poultice under consideration. A charcoal poultice is, in fine, an antiseptic and disinfective poultice. The *Pharmacopœia* has recommended *wood* charcoal; animal is still better, as it has greater power for absorbing the infecting material thrown off in the slough. It prevents noisome odors from foul, or gangrenous surfaces, by absorbing the gases. It must be frequently applied, and should be used in all cases of gangrenous ulceration.

CATAPLASMA CONII—(*Hemlock Poultice*).

FORMULA.—Take of powdered hemlock leaves, one ounce; linseed meal, three ounces; boiling water, ten fluid-ounces. Mix the hemlock and meal intimately together, and then gradually add the water, constantly stirring.

Uses.—As an anodyne dressing for cancerous and syphilitic ulceration. As there is danger of the drug being absorbed too freely from the wounded surface, the patient should be watched closely that no poisonous symptoms may arise.

Opium and Belladonna may also be made use of in making these anodyne dressings, using them, however, in much smaller amounts than is recommended to be taken of the conium.

CATAPLASMA FERMENTI (*Yeast Poultice*).

FORMULA.—Take of beer yeast, six fluid-ounces; wheat flour, fourteen ounces; water (100° F.), six fluid-ounces. Mix the yeast with the water, and stir in the flour, afterwards placing the mass before the fire till it rises.

Uses.—As a sort of an anodyne poultice. The carbonic acid gas evolved has something of an anæsthetic effect upon the inflamed skin. It corrects the fetor of the discharges, and stimulates indolent ulcers. The dressing is not now much made use of.

CATAPLASMA LINI—(*Linseed Meal Poultice*).

FORMULA.—Take of linseed meal, four ounces; olive oil, one-half of a fluid-ounce; boiling water, ten fluid-ounces. Mix the meal gradually with the water, constantly stirring it, and then gradually add the oil.

Uses.—As a general emollient dressing. The *Pharmacopœia* recommends the incorporation of oil in the cataplasma, because it is understood that the "pressed" meal is to be used. If the unpressed meal, which, perhaps is best, is employed, the oil is unnecessary.

This poultice may be made anodyne, antiseptic or stimulating, just as the surgeon may fancy, by the addition of drugs producing these several effects.

CATAPLASMA SINAPIS—(*Mustard Poultice*).

FORMULA.—Take of powdered mustard-seed and linseed, each, two and one-half ounces; boiling water, ten fluid-ounces. Mix the linseed meal gradually with the water, and then stir in the mustard.

Uses.—More especially as a rubefacient. The *Pharmacopœia* has directed that boiling water be used. It would be better not to employ water at so high a heat, as it deteriorates its rubefacient power in some varieties of mustard. The laity often make an addition of vinegar; but this is a mistake, in case the black mustard be used, as it defeats the very action it was put in to enhance.

Care should also be had in the application of this rubefacient to the very young or very aged; for if left too long applied, epidermal sloughing may occur.

CATAPLASMA SODÆ CHLORINATÆ—(*Chlorine Poultice*).

FORMULA.—Take of solution of chlorinated soda, two fluid-ounces; linseed meal, four ounces; boiling water, eight fluid-ounces. Mix the linseed meal gradually with the water, then add the solution of soda, with constant stirring.

Uses.—This is properly a disinfectant application, and makes most an excellent dressing for foul and gangrenous ulcers.

Carbolic, or, perhaps better, Salicylic acid, is a useful adjuvant to the common linseed, and bread-and-milk, poultices, having both an antiseptic and disinfectant action, besides a therapeutical and anæsthetical one. Tar is also sometimes incorporated in these styles of dressings, and makes an important ingredient, in a certain class of eczematous cases.

CATAPLASMA PANIS ET LACTIS—*Bread-and-Milk Poultice*).

Description.—Take the inside of a loaf of stale bread, crumble it well up in eight or ten ounces of sweet milk, and, after soaking a few minutes, let it come to a boil, and then stir in a bit of lard, or a few drachms of sweet oil.

Uses.—As an emollient dressing. Anodynes may be added as suits the case. Is not a very commendable poultice, as, from the heat, etc., of the inflamed part, the milk soon becomes rancid.

POULTICE OF OAKUM.

Description.—Take a sufficient quantity of oakum, loosely picked, and place in a thin piece of muslin and wrap loosely up; then immerse the whole in boiling water. It is then wrung out and covered by a thin layer of muslin, and is thus to be applied to the member diseased.

Uses.—As an antiseptic and absorptive dressing. The water may be charged with antiseptics or anodynes.

HOW TO SPREAD A POULTICE.

The batter of the poultice having been prepared, it is necessary to have a piece of thick cotton cloth, or linen, two or three inches wider than the surface you wish to cover with the cataplasma. Spreading this smoothly out upon a flat surface, you pour the batter upon it, and with a spatula you spread it, to a proper thickness, evenly over the cloth, having care that it does not come to within an inch or two of its edge, You then fold each edge of the cloth evenly over the edge of the applied batter, thus leaving a clean, neat margin to your cataplasm, as well as effecting a sort of a confinement of the batter to the cloth. You now spread a very thin piece of muslin (the thinner the better) over the whole surface of the poultice; this prevents any of the meal from drying upon your patient's person, and ensures him a neat, clean and comfortable dressing.

Some surgeons, however, prefer a coating of sweet oil over the spread poultice-batter to the thin piece of muslin. This also keeps the meal from adhering to the skin.

HOW TO APPLY A POULTICE.

Everything being in readiness, the poultice is lifted from the table, and *one end* gently laid upon the tender and inflamed surface, and the remainder of the poultice suffered *gradually* to cover over the diseased member; with this little care you will often save your patient much needless pain and suffering, that would else be caused by "slapping" your dressing upon a tender and sensitive part. The same gentleness should be used in lifting a poultice; otherwise, from the quick relief of pressure, a severe throbbing pain will ensue.

After the cataplasm has been properly placed, it, and a portion of the member, should be covered with a piece of oil-silk, thin table oil-cloth, or oiled muslin, and over this should be thrown a layer or so of flannel, the whole finally being lightly confined by a proper bandage. The oiled silk, or muslin, serves a double purpose; that of confining the heat or moisture to the part, and of protecting the bed clothes, or clothing, from the water in the poultice-batter.

Materia Medica.

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DRACONTIUM FŒTIDUM.

Skunk Cabbage, Skunk Weed, Collard, Itch Weed, Stink Poke.

SYNONYMS :—*Symplocarpus fœtidus*, (Nuttall.) *Pothos fœtida*, (Michaux). *Ictodes fœtidus*, (Bigelow). *Arum Americanum*, (Catesby). *Spathyema fœtida*, (Rafinesque).

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CUTTER.—*Memoirs of the American Academy*, vol. i, p. 407. 1785.
EBERLE.—*Mat. Med. and Thera.*, vol. ii, p. 153, 4th Ed. 1836.
EDWARDS.—*Manual of Mat. Med. and Pharmacy*, p. 307. 1829
IVES.—*Paris' Phamacologia*, vol. ii, p. 147, 3rd Amer. Ed. 1825.
RAFINESQUE.—*Medical Flora*, vol. ii, p, 230. 1830.
SMITH.—*Botanic Physician*, p. 511. 1830.
THACHER.—*American New Dispensatory*, p. 249, 4th Ed. 1821.
" *American Modern Practice*, p. 530. 1817.

"The roots dried and powdered are an excellent medicine in *asthmatic cases*, and often give relief when other means are ineffectual. It may be given with safety to children as well as to adults; to the former in doses of four, five, or six grains, and to the latter in doses of twenty grains and upwards. It is given in the fit, and repeated as the case may require. This knowledge is said to have been obtained from the Indians, who, it is likewise said, repeat the dose after the paroxysms have gone off, several mornings, then miss as many, and repeat it again; thus continuing the medicine until the patient

is perfectly recovered. It appears to be antispasmodic, and bids fair to be useful in many other disorders."—*Cutler, Op. cit*, p. 409.*

Up to the time when Barton made his *Collections* the remedy does not appear to have attained any statelier dimensions, for he makes no mention of the species under notice, and only casually refers to another member of the same order :— "The leaves of the Dracontium pertusum are employed by the Indians of Demarara in a very singular manner in the treatment of general dropsy. The whole body of the patient is covered with leaves. An universal sweat, or rather vesication, is induced, and the patient often recovers."—*Op. cit.*, p. 21. (See also *Paris' Pharmacologia*, 3rd Amer. Ed., by *A. W. Ives, M. D.*, p. 147).

Turn we now to the pages of Thacher—an earnest man who did so much towards adding to our knowledge of the virtues of our indigenous remedies.

"The medicinal properties of this valuable plant were first announced by the Rev. Dr. Cutler, by whose authority, corroborated by the experience of medical correspondents, it has been introduced into the former editions of this work, as a new article of the materia medica. It may be ranked high as an antispasmodick, experience having evinced that it is not inferior in efficacy to the most esteemed remedies of that class.

In cases of asthmatick affections it alleviates the most distressing symptoms, and shortens the duration of the paroxysms. Dr. Cutler experienced in his own particular case very considerable relief from this medicine after others had disappointed his expectations.

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* I am aware that a summary, gleaned from the various authors, would make the shortest paper, but I know many who, not having access to the sources from which I draw, will be glad to go over the original matter as I have done. This will be accomplished if I here cite the words of each author. This method will also secure for each dead workman his just due, and in securing that neither time nor type can be misapplied.

In obstinate hysteric affections this medicine has surpassed in efficacy all those antispasmodics which have been generally employed, and in several instances it has displayed its powers like a charm. In one of the most violent hysteric cases I ever met with, says a correspondent, when the usual antispasmodicks, and even Musk had failed, two teaspoonsful of the powdered root procured immediate relief; and on repeating the trials with the same patient it afforded more lasting benefit than any other medicine.

In those spasmodick affections of the abdominal muscles during parturition, or after delivery, this root has proved an effectual remedy. In chronick rheumatism and erratick pains of a spasmodick nature, it often performs a cure,or affords essential relief. It has in some instances of epilepsy suspended the fits, and greatly alleviated the symptoms.

In hooping-cough, and after pulmonick affections, it proves beneficial in the form of oxymel, or syrup, in the same manner as squills. During every stage of nervous and hysterick complaints, and in cramps and spasms, this medicine is strongly recommended as a valuable substitute for the various antispasmodick remedies commonly employed. It is free from the heating and constipating qualities of Opium. Having in a few instances tested its virtues in subsultus tendinum attending typhus fever, its pleasing effects will encourage the future employment of it in similar cases. Two instances have been related in which this medicine has been supposed to be remarkably efficacious in the cure of dropsy, two teaspoonsful of the powdered root being taken every morning successively till the cure was effected."—*Dispensatory*, p. 249.

"A young woman about eighteen years of age was harassed by severe convulsions and hysterick paroxysms, almost incessantly, so that her friends estimated the number at 700 in the course of a few weeks; her abdomen was remarkably tumefied and tense, and there was a singular bloatedness of the whole surface of her body, and the slightest touch would occasion intolerable pain. At length her extremities became

immovable, and her jaw was so completely locked that she was unable to articulate, and liquids could be introduced only through the vicinity of a lost tooth. She had been treated with a variety of antispasmodick and other medicines, by an experienced physician, without relief. Having prepared a strong infusion of the dried root of Skunk Cabbage I directed half-a-teacupfull to be given every few hours without any other medicine; the favorable effects of which were soon observable, and by persisting in the use of it about ten days, the muscular contractions were removed, the jaw relaxed, and her faculty of speech and swallowing, with all the use of her limbs were completely restored.

Another young woman had been exercised with the most distressing paroxysms of hysteria for several days, without obtaining relief by the medicines prescribed, when the Skunk Cabbage infusion was so successfully used that her fits were immediately arrested and in a few days a cure was completely effected.

The brother of this patient was seized with violent convulsions of the whole body in consequence of a cut in his foot; the Skunk Cabbage was administered, and he was speedily restored to perfect health.

Since writing the above, a woman was affected with violent spasmodic pains twenty-fours after parturition; six doses of Skunk Cabbage entirely removed her complaints."—*American Modern Practice*, pp. 530—31.

We now come to Bigelow's testimony. "In a private letter he (the Rev. Dr. Cutler) states that he has made use of it in his own case of asthma for several years, and generally found relief. In the winter he used the dried root in powder, and in summer the fresh grated root. It continued to afford more relief than any other remedy so long as the paroxysms remained under the influence of any medicine.

Since the recommendation of Dr. Cutler, many country physicians have employed the root in asthma, catarrh, and chronic coughs, with evident benefit. A number of cases have

fallen under my own observation of the catarrh affections of old people, in which a syrup prepared from the root in substance has alleviated and removed the complaint.

Dr. Thacher informs us on various authorities that the powdered root has given immediate relief in hysteric paroxysm; that it has effected the cure of dropsy, and that rheumatic patients have found great benefit from its use. Its strong and penetrating acrimony would lead us, *a priori*, to expect advantage from it in these complaints. Even in the more formidable disease of epilepsy it has appeared to do good.

Some caution, however, is requisite in its management, as serious inconvenience may ensue from an overdose. In delicate stomachs I have found it frequently to occasion vomiting even in a small quantity. In several cases of gastrodynia, when it was given with a view to its antispasmodic effect, it was ejected from the stomach more speedily than common cathartic medicines. I have known it, in a dose of thirty grains, to bring on not only vomiting, but headache, vertigo, and temporary blindness."—*American Medical Botany*, vol. ii, part 1, page 47.

"This plant in small doses is a stimulant and antispasmodic, and in large one a narcotic. Thirty grains of the powdered root, if freshly prepared, will bring on vertigo, nausea, and frequently vomiting. In medicine it has been found of important use in certain forms of asthma and in chronic catarrh, in which diseases it has succeeded even when the cases had previously been of great obstinacy."—*Sequel to the Pharmacopœia*, p. 167.

Now let Eberle add his testimony. "The Skunk-Cabbage possesses very considerable antispasmodic powers. Schœpf *,

* Dr. Johann David Schœpf was Surgeon of the Anspach-Bayreuth Troops in America, and the author of *Materia Medica Americana potissimum regni vegetabilis: Erlangen. 1787.* Rafinesque terms this work "Classical on our Materia Medica." There is no copy of it in any public library in New York—well done for the Empire City!

speaking of the root of this plant calls it 'incidens, califaciens, expectorans,' and mentions it as useful in phthisical coughs.

As a palliative in the attacks of spasmodic asthma it is very highly recommended by the Rev. Dr. Cutler and others. I have in several instances of this disease derived very considerable advantage from the employment of this remedy.

In chronic cough attended with a cold, phlegmatic habit of body, I have employed the powdered root of this plant with the most decided benefit. In an old man who had been for many years afflicted with a very troublesome cough and difficulty in breathing, I found nothing to give so much relief as this substance administered in forty grain doses once or twice a day.

I was, indeed, much in the habit of prescribing this plant, while practising in the country, in cases of chronic catarrhal and asthmatic affections, and very generally with evident advantage. The seeds are said to be stronger than the root.—[In which statement he agrees with Chapman.—S. A. J.]—*Op. Cit.*, p. 153.

Smith writes :—"Skunk Cabbage is not only a good antispasmodic in all cases where such are indicated, but it is also a powerful emmenagogue, anthelmintic, and a valuable remedy in dropsy, in spasms, rheumatism, palpitations, etc. It is frequently used in childbed to promote the birth. The seeds of this plant are supposed to possess more efficacy in asthma than the root. For expelling worms the pulverized root should be administered in molasses for a sufficient length of time, following it up with a purge."—*Op. Cit.*, p. 511.

Rafinesque's brief mention we shall copy in full.

"ICTODES FŒTIDA, Big. 1818, or rather *Spathyema fœtida*, Raf. 1807. Wrongly united to *Dracontium*, *Pothos*, *Calla*, *Arum*, and *Symplocos* by L. and other authors! Singular plant, blossoming in winter before foliation. Smell nauseous, similar to *Mephitis*, or the Skunk, Polecat, and Assafœtida.—Powerful antispasmodic, expectorant, incisive, vermifuge, emmenagogue, sudorific, etc. Used with success in spasmodic

asthmas and coughs, hysterics, pertussis, epilepsy, dropsy, scurvy, rheumatism, erratic and spasmodic pains, parturition, amenorrhœa, worms, etc. Doses in asthma 20 to 50 grains of the powder. All preparations with heat are less powerful.

In delicate stomachs this plant produces nausea, emesis, headache, vertigo and dimness, even in small doses. The leaves are less powerful, but the seeds most active, requiring smaller doses, being pungent, containing albumen and a fixed acrid oil. Leaves externally used for wounds and ulcers, herpes and cutaneous affections, bruised and applied; also used to dress blisters, promoting the discharge. The lotion of the root cures the itch."—*Op. Cit.*, vol. ii, p. 230.

Edwards and Ives add nothing to our knowledge of the virtues of this remedy.

Nearly all the writers mention that this plant contains a volatile principle, and advise care in keeping the pulverized root carefully, etc. Ives writes :—

"Professor Bigelow represents this volatile principle to be readily dissipated by drying; and so far as it relates to the root in substance, it accords with my observation. It loses its pungent taste, and appears to be nearly inert in a few weeks after it is gathered. I prepared, however, an alcoholic extract some years ago, by digesting the fresh roots and evaporating the tinture in the sun, which possessed all the acrimony of the recent root."—*Op. Cit.*, vol. ii, p. 147.

I find the pungency marked enough in a tincture made this Spring, and deem such a preparation proper for proving purposes.

To arrange in a row, the clinical facts presented by the authors cited and to decorate each with a Jahr-button, *à la* Hale's *New Remedies*, might satisfy some folks with the semblance of a proving; but a be-buttoned skeleton is a sorry substitute for an honest proving, and homœopathy undefiled can be satisfied with only *als der wahre Jacob.*

In one of our best colleges at a recent graduation there were five theses on *Morbus Brightii.* What dead manuscripts; what cramming and cribbing, and all to show a tired professor how poorly a student can compile. O Younger Brothers on the quiz-seats, go into the "green pastures," take an indigenous remedy, *develope it*, and let your theses make the whole profession richer because it adds so much to our knowledge.

S. A. JONES.

GLONOINE IN HEADACHE.

BY H. E. BOARDMAN, M. D., SUN PRAIRIE, WISCONSIN.

I was recently called to see a lady who had a headache that had proved exceedingly severe and obstinate. She told me she had tried Aconite, Belladonna and Gelseminum faithfully, but without effect She had been unable to get any sleep for five or six nights. Towards night her headache would come on and continue with unabated force until eight or nine o'clock the next day, when it would gradually and rapidly abate a good deal.

This experience had been repeated each day, until she had began to fear that she would very soon be insane. It was evident that loss of sleep, abstinence from food, and pain, had depleted her nervous strength immensely. She was a woman who usually exhibited a great deal of strength and endurance. The pains in her head were sharp and shooting frequently, and more in the vertex than elsewhere, with considerable soreness there also. She also spoke of having considerable prostration from the first of the attack.

I told her that her case reminded me of many cases of not very severe sun-stroke which I had treated, and inquired if she had ever been unduly exposed to the heat of the sun. She replied that several years before, she had picked berries one day, a part of the time with her bonnet off, until she was very much "*prostrated with the heat.*"

I then asked her if she had ever thought that any later effects of that exposure had been experienced. She replied, that she had never had anything like this peculiar headache previous to that exposure, but had had it several times since, though never before so hard a siege of it as at the present time.

I gave her *Glonoine*, 6th decimal—three drops to be taken every hour. This was in the forenoon. The headache was almost immediately driven away, she told me when I next called. It returned slightly towards evening, but she slept considerably well during the night, I continued the same remedy during the next day, and the next morning she considered herself cured.

Possibly this case may throw a little light upon the effects of heat, and the uses of *Glonoine.*

THE ENCYCLOPÆDIA OF PURE MATERIA MEDICA. By *T. F. Allen, A. M., M. D., Prof. of Mat. Med. and Therapeutics in the New York Homœopathic Medical College. Vol. III, Carlsbad-Cubeba. Boericke and Tafel, 1876.*

This last royal octavo of 640 pages gives pleasing evidence of the indefatigability of the editor—three successive volumes of over 600 pages each, have made their appearance, and yet at each new round Allen "comes up smiling" as the "*fancy*" would say.

Thus far the *Encyclopædia* contains 1898 pages. The *Symptomen Codex* has 2005 pages, and as Allen is only about one-third done, we can form some conception of what the complete work will be.

Vol. III. gives evidence of more extensive research on the part of the editor. We shall be benefited by this in regard to our indigenous remedies, and many will learn for the first time, how far from "New" they were when Dr. Hale christened them such in his scissors-and-paste compilations. By this more extended research Dr. Allen is enabled to incorporate much objective symptomatology, such as is obtained by the more advanced methods of physical exploration, and chemical analysis. For these features we cannot overrate our indebtedness to him.

Dr. Allen has won our scalp (and it is now drying in his wigwam), by his resume of *Cedron*; Dr. Stennett's provings having escaped us when we wrote up that drug—an oversight all the more unpardonable when we learn that these provings were made with from 5 to 300 drops of the tincture (matrix), and from 5 to 200 grains of the *seed*, not "powdered nut" as Dr. Allen has it. *Apropos* of the large quantity of the powdered seed taken by one of Dr. Stennett's provers, M. Herran says it has "occasioned death in the quantity of twenty-five or thirty grains."—*Hogg's Vegetable Kingdom, p. 225.* This matter is worth looking into, for, if the drug deteriorates by drying, it may account for the fact that the remedy has by no

means been found of that importance which the testimony of Dr. Casanova would lead one to regard it. As he had a fresh and potent tincture it may explain the discrepancy.

Just here we must observe that in order to comprehend the genius of this remedy, a reading of Dr. Casanova's papers in the *Monthly Hom. Review* is essential. From Dr. C's. *use* of Cedron we get features which Dr. Allen could not record in a "Pure Materia Medica," but which are nevertheless indispensable for a full understanding of the drug; Dr. C. emphasizes certain nervous symptoms as occurring *post coitum*, and this hint is of value to him who would use Cedron effectively. *Omne animal post coitum triste* said some genius who "knew how it was himself," and from Casanova's clinical testimony we can learn that conditions of nerve debility similar to the *post coitum* depression, indicate Cedron, carrying our induction still farther we would say, undue nervous excitement followed by nervous depression calls for Cedron; and not until the remedy is regarded from this point of view will the practitioner realize its utmost possibilities.

On page 75 Dr. Allen has the following in parenthesis:—"*The chief characteristic of this remedy is a* PERIODICITY WHICH IS CLOCKLIKE IN ITS REGULARITY." As Dr. A. gives no number referring to the authority for this, the inference is that it is his own observation; yet the reader can find it, word for word in the *Am. Hom. Observer*, vol. II, p. 453, August 1874. [Exodus, XX, 15!]

In detailing the changes induced in the urine by Chininum Sulphuricum, Dr. Allen has been lead astray by the earlier researches of Ranke, from which Dr. Allen quotes to this effect: "The solids in general, and the urea, I found not materially effected under the influence of quina, but the phosphoric acid appears to be augmented."—*Encyclopædia, p. 232.* Dr. Allen has quoted from a paper, by Ranke, in the *Medical Times and Gazette*, for May 30th, 1857; but in a subsequent work—*Beob.*

und Versuche über die Ausscheidung der Harnsaure beim Menschen, etc., p. 43, Munich, 1858—Ranke revokes his previously expressed opinion that the phosphoric acid was increased. It is, then, an error to cite an author as holding an opinion which he has retracted, and especially if the retracted *dictum* is to find a place in an *Encyclopædia*.

According to Heller, and Haxthausen the amount of phosphoric acid is *lessened* in intermittent fever, and, this being the case, Chininum Sulfuricum could not be (as we know it to be) homœopathic to intermittent fever, if in its pathogenetic action it induces an increased elimination of Phosphoric acid.

It is a pity that the effect of Chininum Sulfuricum on the quantity of the chloride of sodium was not determined, for both Traube and Ringer found the elimination of this substance more than doubled in fever and ague. See also Vogel. *Semiology of the Human Urine, p. 399.*—New Sydenham Society's edition. *Facts of this nature are especially valuable to us Homœopaths, as we should be able to prove quinine to be homœopathic to intermittent fever by the objective symptoms of disease, and of drug; as it is, or have too many in our ranks whom a sublime ignorance makes afraid of "quinine." Some indeed who base their orthodoxy upon the assertion that they have *never used it*, REQUIESEANT IN PACE!

Turning to *Coffea tosta*, p. 444, we would ask that Squarey's researches,* be read before the conclusions of Bœker and Lehmann that Coffee diminishes the amount of urea, are accepted as final. Quoting from Bœker's Beitrage on another point, Dr. Allen gives us this: "Diminution of the amount of carbonic acid takes place soon after drinking coffee, and is especially noticed after long continued use of it."

A high authority in such matters says: "The pulmonary

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*Ringer's exhaustive search may be found in the *Med. Chir. Society's Transactions.* vol. XLII, p. p., 361-401.

**Med. Chir. Society's Transactions*, vol. XLIX, p. p., 1-19.

carbonic is, according to Edward Smith, increased by coffee as by tea. In dogs, Hoppe has also noticed an increase."—*Parkes, The Composition of the Urine, etc.*, p. 77. If such physiological data are to be included in the *Encyclopædia* it is at least desirable to have them as accurate as complete research will enable them to be given.

Writing the word "research" recalls the fact that it is possible to do too much of it. For instance; in Dr. Allen's resume of *Crotalus horridus* we find our editor quoting at third hand. It is such a funny case of carrying coals to Newcastle that, surely, a poor penny-a-line reviewer may enliven his page with the details. Look, then, for "15" in Dr. Allen's "authorities." Sir George Lefevre, M. D., F. R. C. P., late physician to the British Embassy at the Court of St. Petersburgh, etc., etc., etc., (I quote from the title page of his book) is cited by a scribbler in the *Monthly Hom. Review*, from which journal Dr. Allen quotes. Now, Sir George got his information from Coxe's *American Dispensatory*, the scribbler in the *Review* got his information from Sir George, and Dr. Allen got his information from the scribbler, and all this while a copy of Coxe's *American Dispensatory* is nestling on Dr. Allen's shelves. What is worse, Dr. Wallace's original communication in the *Dispensatory* contains more symptoms than Sir. George gave in his, excerpt, as Dr. Hering has mentioned Dr. Wallace's "proving," he having triturated the poison with cheese—Dr. Allen's oversight is the more strange. *En passant*, Lefevres book is not "*On the Nerves*," but "*An apology for the Nerves*."

Quoting at second hand is dangerous, and even so worthy a publication as Schmidt's *Jahrbucher* can lead one astray as we have found to be the case in regard to Dr. Allen's resume of Ailanthus: "Suppression of Urine," as given there, should be "Difficult passage of Urine."

It is not likely, however, that so gross a mistake as this will again be made.

But despite these flaws there is far more to praise then to blame in this vol. III, and we are glad to avow our profound indebtedness to the editor and his faithful associates. To have *Crotalus* and *Chamomilla* in their fulness is alone worth the price of the volume. Dr. Allen is erecting a noble monument—may he be spared to see the cap-stone in its place, and to hear the plaudit "well done!"

S. A. JONES.

Colleges, Societies, Etc.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

The sixteenth annual commencement of the New York Homœopathic College, was held on the evening of March the 2nd, at Association Hall, which was filled to overflowing, with one of the most fashionable audiences ever assembled in the city. The exercises of the evening were opened with prayer by the Rev. Dr. Armitage. Professor Dowling the Dean of the college, then made the opening address,—spoke of the prosperity and success of the institution, and made special allusion to the advance which had been made in medicine, particularly old school medicine, since the introduction of Homœopathy into the United States, fifty years ago.

He also referred to the magnificent hospital, which had recently been given the Homœopaths of New York by the city authorities. Honorable Salem H. Wales, the president of the Board of Trustees, then conferred the degree of Doctor of Medicine, upon thirty six (36) graduates. In behalf of, and by the authority of the faculty he congratulated them upon the satisfactory manner in which they had passed their examination.

Professor Bradford the secretary of the Faculty, then presented certificates of proficiency, to the students of the junior course, who had passed satisfactory examinations in the junior branches.

Fifty four (54) gentlemen ascended the platform, and received these certificates. These fifty four (54) gentlemen will probably all be of the graduating class of eighteen hundred and seventy seven. Almost without an exception they were three-year students. The secretary in presenting the certificates complimented them by stating that the general average was higher than that of any junior class which had preceded it.

Professor Paine then awarded the Faculty prize, which was a valuable microscope to Doctor E. H. Linnell, his general average on the examinations of the entire three years course having been the highest.

Honorable mention was also made of Doctor Bukk G. Carlton, E. C. Buell, Thomas Wildes, Chas. H. Miller, and Charles Deady. Professor Burdick then presented his prizes for the highest standing in Obstetrics to H. M. Smith and W. F. Decker.

Professor Helmuth in a neat, witty, and appropriate speech, which brought down thunders of applause from the entire audience, presented a valuable Aspirator to Doctor E. B. Squirer, as a prize for the best written report of his surgical clinic.

Professor Allen then presented as a prize for the best original proving, a beautiful gold medal to Doctor H. M. Smith.

Professor Lilienthal's prizes for the best reports of his medical clinic, were awarded to Doctors Thomas Wildes, W. F. Decker, and O. L. Jenkins. In presenting these prizes the professor complimented the gentlemen upon the very accurate manner in which the records of his clinic had been kept and written.

Professor Ebell presented prizes to W. W. Blackman, L. Faust, and Thomas Wildes for proficiency in physiology.

The valedictory address which was delivered in behalf of the Faculty by Professor Burdick was a masterly effort, teeming with good advice.

The address was listened to with breathless attention by the entire audience, who could but have been convinced that he was not only a profound scholar but a devout christian.

The valedictory on behalf of the class was delivered by Doctor W. F. Decker.

The music on the occasion was all that could be desired, including selections from Zampa, Weingarten, Strauss, Lange, and Wiegand.

After a short prayer by Doctor A. S. Ball, one of the oldest practioners of Homœopathy in New York, the Faculty and students adjourned to the Hotel Brunswick, where a bountiful supper was provided.

It is the custom of the Faculty each year at the close of the commencement exercise to give an entertainment to the members of the graduating class. On these occasions all formality is thrown aside, professors and students mingle on terms of equality, speeches are made, songs are sung, and this continues generally till the small hours of *the morning*.

The graduating class of eighteen hundred and seventy seven bids fair to be the largest which has ever graduated from a Homœopathic college. Already they have a nucleus of some fifty four (54) students who have successfully passed their junior examination.

GRADUATES.

A. A. ALLEN,	N. Y.	F. F. MENDOZA,	Cuba.
T. DEWITT BATES,	N. Y.	CHAS. H. MILLER,	N. J.
E. C. BUELL,	O.	B. F. McTAVISH,	Can.
S. BARUCH,	N. Y.	G. F. McCORMICK,	D. C.
D. H. BARCLAY,	Ct.	J. MOLZ,	N. J.
BUKK G. CARLETON,	N. Y.	C. A. MOORES,	Me.
A. CLAYPOOL,	O.	REV. FRED. ORTEL,	N. Y.
A. L. COLE,	N. Y.	J. A. PEARSALL,	N. Y.
CHAS. DEADLY,	N. Y.	J. D. QUILL,	Ct.
WM. F. DECKER,	N. Y.	LOUIS RADE.	N. Y.
W. E. DEWEL,	N. Y.	C. W. RADWAY,	N. Y.
JOEL D. FREED,	Can.	E. C. RICKERTS,	N. J.
A. W. GAMMAN,	N. Y.	H. W. ROSE,	Blyn.
H. B. EATON, Jr.,	Me.	T. H. SHIPMAN,	N. Y.
H. B. HEARTWELL,	Iowa.	H. M. SMITH,	N. Y.
O. L. JENKINS,	N. Y	E. B. SQUIRER,	N. Y.
E. H. LINNELL,	Ct.	C. H. STRONG,	Ill.
JOEL D. MADDEN,	N. Y.	THOS. WILDES,	N. Y.

JUNIORS.

Junior Students who have passed satisfactory examinations.

B. P. ANDREWS,	N. Y.	G. D. HARTER,	N. Y.
W. B. BEEBE,	Ct.	F. L. DeKORTH,	Portu.
W. W. BLACKMAN,	N. J.	W. Z. MORTIN,	Pa.
FRANK S. BOSWORTH,	N. J.	W. B. MAYO,	Vt.
JESSE W. BUELL,	N. Y.	L. T. MILLER,	Pa.
E. CHAPIN,	N. Y.	P. W. NERFUS,	Blyn.
J. H. COSSART,	N. J.	R. O. PHILLIPS,	N. Y.
J. E. L. DAVIS,	N. J.	H. A PUTMAN,	N. Y.
L. FAUST,	N. Y.	G. P. ROBINSON,	N. Y.
E. P. GOODRICH,	Ct.	JOHN W. ROBSON,	Pa.
A. B. KINNE,	N. Y.	ED. E. RAWELL,	N. H.
JAS. H. McDOUGALL,	N. Y.	L. P. SCOTT,	Pa.
E. P. MACOMBER,	N. Y.	H. R. SIMMONS,	N. Y.
J. C. MESICK,	N. J.	F. W. SMITH,	Ct.
J. L. MOFFAT,	N. Y.	T. D. SPENCER,	N. Y.
F. J. NOTT,	L. I.	F. SPOONER,	Vt.
T. H. PURDY,	N. Y.	G. R. STEARNS,	N. Y.
O. S. RITCH,	N. Y.	W. H. STEVENS,	Mo.
E. H. BARBER,	N. J.	W E. STORM,	N. J.
C. B. BELDIN,	L. I.	CHAS. R. SUMNER.	N. Y.
G. W. BLODGETT,	N. Y.	J. J. SUTTON,	N. Y.
CHAS. C. BOYLE,	N. Y.	O. R. FERBURGH,	Pa.
C. R. BUSH,	N. Y.	E. THORNE,	N. Y.
C. W. CORNELL,	N. Y.	C. M. TOBEY,	N. Y.
W. Y. COWLE,	N. Y.	R. R. TROTTER,	N. Y.
C. F. ELY,	N. Y.	C. D. WELCH,	N. Y.
F. FRIES,	N. J.		

Honorary Degrees were conferred upon the following physicians:
CONSTANTINE HERING, M. D, of Philadelphia.
JOHN F. GRAY, M. D., of New York.
A. S BALL, M. D. "
SAMUEL B. BARLOW, M. D., "

HAHNEMANN COLLEGE AND HOSPITAL, CHICAGO.

The graduation exercises of this college took place February 10th. The annual address was given by the President, A. E. Small, A. M., M. D.

The annual report by J. S. Mitchell, M. D. Dean of the Faculty.—In making my report for the sixteenth Collegiate year of Hahnemann Medical College and Hospital of Chicago, I take pleasure in stating that its affairs are in a very prosperous condition. The efforts of the faculty to provide a higher grade of medical education have been attended with success and meet the approbation of the profession.

The status of the faculty has remained unchanged with the exception of the addition of one important lectureship. All the chairs are now filled by experienced professors. Those that require the largest amount of labor for their elucidation are divided between two or three teachers, so that a more comprehensive course is given.

Special attention has been paid to the subject of clinical instruction. The free dispensary connected with the college has furnished more than three hundred and fifty cases; and the students have had the privilege of attending the clinics held at the County hospital three times a week. Our Alumni and other medical friends have rendered us valuable assistance by sending cases difficult to diagnose, and requiring important operations. Through these means the class has had practical familiarity with nearly all forms of disease. Our finances are on a sound basis, and we have been able to make more liberal appropriations for the illustration of chairs, and to increase the compensation of the faculty. Two courses of lectures have been given. The spring term, continuing nine weeks, was attended by twenty-four students. Nearly two hundred lectures were delivered, including a full course on anatomy. About one-third of these were clinical. This

course was very popular, and proved of much benefit in preparing students for their winter course.

The regular term commenced October 7th, 1875, and closed to-day. More than six hundred lectures have been given.

The class in attendance numbered ninety and seemed inspired by the zeal of the faculty with unusual devotion to their work. Thirty-nine have passed a final and plenary examination in the several branches taught in our curriculum. They are known to the faculty as industrious, earnest and competent. We therefore heartily recommend them to the trustees as deserving the degree of Doctor of Medicine and Surgery, which it is your province and privilege to bestow.

GRADUATES.

BELLAMY, ALFRED D.	*Illinois.*	LOOMIS, WILLIAM H.	*Illinois.*
BROOKS, H. A., B. S.	*Wisconsin*	LOWRY, R. F.	*Illinois.*
BYLER, JOSEPH. M.	*Indiana.*	NEAR, JEFFERSON S.	*Illinois.*
CATTRON, WM. ORPHEUS	*Indiana.*	MOREY, REED L.	*Illinois.*
CUMMINGS, ERASTUS H.	*Michigan.*	RICE, MARVIN S.	*Illinois.*
FELLOWS, ISAAC	*Iowa.*	ROBERTS, WILLIAM P.	*Illinois.*
FLOWER, FRANK W.	*Iowa.*	ROLSTON, WILLIAM T.	*Illinois.*
FOSTER WILLIAM A.	*Illinois.*	SIMPSON, WM. STANSBURY	*Iowa.*
GAFFNEY, EMRY C.	*Illinois.*	SPINNING, JAY O.	*Michigan.*
GATCHELL, EDWIN A.	*Wisconsin.*	SQUIRE, W. WHEELER, M.D.,	*Wisconsin.*
GODFREY, ERWIN L.	*Michigan.*	SYKES, DAVID A.	*Illinois.*
HANLON, AMOS	*Michigan.*	TRINE, THOMAS H., M. D.	*Illinois.*
HAWES, GEORGE HENRY	*Iowa.*	VAN DUSEN, JAMES P.	*Michigan.*
HAYES, VIRGIL	*Michigan.*	VAN PATTEN, ANDREW	*New York.*
HIGGINS, CURRAN WINFIELD	*Minnesota.*	WEIRICK, CLEMENT A.	*Illinois.*
HOBART, HENRY M., B. S.	*Illinois.*	WILKINS, FRANCES B.	*Illinois.*
HUGHES, CURTIS A.	*Indiana.*	WILSON, HANSON	*England.*
HULETT, S. EUGENE	*Illinois.*	WILSON, WALTER R.	*Illinois.*
JOHNSON, RASSELAS B.	*Illinois.*	WISNER, SARAH E.	*Illinois.*
LIVINGSTON, MARIETTA E.	*Michigan.*		

AD EUNDEM:

BRAUN, J. B., M. D. - *Wisconsin.*

The valedictory, delivered by the Class Orator, H. M. Hobart, M. D., was a very interesting paper.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

ANNUAL COMMENCEMENT.

The commencement of the College took place at the Academy of Music on Thursday, March 10th, at 12 o'clock. After the rendition of numerous beautiful airs by Hassler's orchestra, and a prayer by Rev. R. D. Harper, D.D., the valedictory address was delivered by Prof. R. A. Farrington. The degrees were then conferred, prizes and boquets distributed, and the benediction pronounced by Dr. Harper. The list of graduates comprised fifty-three gentlemen, from all portions of the country. A special degree was conferred on Dr. Frederick Bruns, of Massachusetts. The honorary degree was conferred on Constantine Hering, M. D., of Philadelphia; John F. Gray, M. D., of New York; and Dr. Joshua Matthew Cowell, of New Zealand. The prizes were awarded as follows: First prize, gold medal, awarded to George S. Adams, of Massachusetts. Second prize, silver medal, awarded to Francis T. Burck, of Maryland. Third prize, bronze medal, awarded to Frank A. Bishop, of New York. Prof. Thomas's prize, for the best dissection, a case of surgical instruments, to Horace G. Griffith, of Philadelphia.

In the evening a "reception" was given in honor of the class at the residence of Prof. H. N. Martin, which was a very enjoyable affair.

Sanitary Science.

THE MONEY VALUE OF HEALTH TO THE PEOPLE OF MICHIGAN.

Correspondence of the Detroit Post.

LANSING, MICH., February 10, 1876.

Through the courtesy of the writer, Dr. H. B. Baker, superintendent of vital statistics, I am permitted to copy the following important paper, called out by a communication from the secretary of the new Georgia Board of Health:

V. H. TALIAFERRO, M. D.:

DEAR SIR—In response to yours of the 5th instant, requesting statements of statistics, etc., bearing upon the utility of measures for promoting the public health, I send you the statistics and computations following, which I have entitled "The Money Value of Health in a State." It may seem hardly humanitarian to deliberately count the money value of life and health to the people of a State, bu money represents much for human happiness, and the old and true maxim that "public health is public wealth," indicates that the public cares more for the wealth which health brings than for the health abstractly considered.

In the United States census of 1870 some of the great masses of figures which go to make up the vital statistics are condensed on page 3, to show the death-rates in the several States. Selecting the two States, Georgia and Michigan, let us make some comparisons for the years mentioned in the table. We must admit at the outset that the statistics do not take into account the ages of the inhabitants and of decedents, therefore the difference in death-rates may be due to differences of this nature. These are, however, the best statistics now published, and it has been held by some that they may be used as such, while insisting upon the necessity for better statistics.

In Michigan, the death-rate is shown to have been decreased at each succeeding census exhibited in the table. In 1850 it was 1.14, in 1860 it was .99, and in 1870 it was .94 per cent. These seem to be very insignificant figures, having only minute differences; but, if they are true and not due to differences in age of inhabitants, they imply an amount of human suffering and an amount of loss, or prevention of loss, of money which is worthy of every serious consideration by the State. Let us see what they mean in deaths, in cases of sickness, and in dollars and cents. If the death-rate had been the same in 1860 that it was in 1850 the deaths would have been 8,540 instead of 7,401, as appeared by the census of 1860. Here was a decrease of 1,139 deaths in a single year. It has been estimated that there are at least 20 cases of serious sickness to every death. At this rate there was a saving of 22,780 cases of sickness in a year. If it be estimated that each case of sickness costs on an average only $40 for medical attendance, medicines, nursing, loss of time, etc.,

there was a saving of $911.200. The expense of funerals and burying the dead, at a moderate estimate of $20 each, would be, for 1,139 decedents, $22,780. Add this to the expenses for sickness, we have $933,980 in money saved in a year as the difference between a death-rate of 1.14 and .99 per cent., in 1860, in Michigan. If the death-rate had been the same in 1870 that it was in 1850 the deaths would have numbered 13,498 instead of 11,181, as returned. The saving in human lives was thus 2,317 in a single year. At the rate above mentioned the saving in sickness was 46,340 cases. The amount of human misery thus avoided is incalculable; but at the previously mentioned rate, the saving in money amounted to $1,853,600 for expenses in sickness, and $46,340 for funeral expenses, making a total of $1,899,940 saved in one year because of a death-rate reduced from 1–14 to 94 per cent., for the year ending June 1, 1870. In 1871 Michigan provided for the erection of a new capitol to cost about $1,000,000. The money saved in one year because of the lessened sickness and mortality as above computed was very nearly enough to build two such buildings.

There must certainly have been some cause of this decreased mortality, and although it is difficult to estimate how much was due to each of the various influences known to have been at work, and how much to influences at present unknown, we may believe that it may have been due in great part to the improved surrounding conditions, which had been modified largely through the individual exertions of an intelligent people, but also through wise measures fostered by the State, among which may be mentioned the drainage of swamps, marshes and other wet lands, the establishment of a system of vital statistics which has served to attract attention to subjects relating to health, and finally the establishment of a State board of health, all of which measures are expressions by the people of a desire to have the State perform its highest functions, namely, to protect the lives and health of the people who constitute the State, and who furnish the material resources for its maintenance.

Turning now to your own State of Georgia, we find that in 1870 the number of inhabitants was almost the same as in Michigan (Georgia 1,184,109, Michigan 1,184,059) but the death rate was 1.15 per cent., nearly the same as it was in Michigan in 1850; being more than it was in Georgia in 1850, when it appears to have been 1.10 per cent. I cannot pretend to estimate the cause of the apparent increase, but can compute its value by the method just employed. We find that if the death rate in Georgia had been the same in 1870 as in 1850, the deaths, instead of being 13,606, would have been 13,025, or 581 less. The increase of cases of sickness was, therefore, (at the above rates) 11,620. The increased cost of sickness was $464,800, and of burying the dead $11,620, making a total of $475,420 for a single year.

The fact that the death rates have at different times been about the same in the two States, may be an indication that the lessened death rate in Michigan in late years is not altogether due to natural

advantages, of climate, etc., but may be partly due to the same intelligent forethought of the people, which has found expression in State laws for the drainage of swamps, and the promotion of research into the causes and methods of preventing sickness and deaths. Whether this is true or not, the facts are that Michigan established a system of vital statistics in 1867, and a State board of health in 1873; and I believe Georgia has not yet established a system of vital statistics, although it has organized a State board of health in 1875. As to the comparative amounts of land drained through State action I am not imformed, but on examination of the index of the revised code of Georgia, published in 1873, I find no mention whatever of drainage of land, of records of deaths, vital statistics, public health, or even of local boards of health, all of which are common words in our Compiled Laws of Michigan.

If the death rate in Georgia in the last census year, 1870, had been that of Michigan at the same time, the number of deaths would have been 11,130, instead of 13,606, as reported, a difference of 2,476, deaths, representing 49,520 cases of sickness, costing $1,980,800, which, added to $49,520, cost of burying the extra number of dead, would make a total of $2,030,320 in a single year lost to the State of Georgia through the difference between a death-rate of 1.15 per cent. and one of .94 per cent.

I trust you will go over my figures and estimates carefully, and if any error or wrong estimates can be found, that you will make all proper modifications, after which I am entirely certain that you will find ample evidence of the importance of this subject to the people of your State to warrant your Legislature in devoting a large share of its time and energies to this subject, with a view of taking action in various ways whereby through the expenditure of amounts of money counted, perhaps, by thousands, measures may be inaugurated in your State which will result in saving to your people millions of dollars in money, and what is vastly of more importance, though not much mentioned in this communication, will result in preventing thousands of deaths and cases of sickness, which would involve an incalculable amount of human suffering.

In closing, allow me, with feelings of heartfelt satisfaction, to congratulate you upon the inauguration of a State board of health in Georgia. I take this as an indication that the people of your State are alive to their highest earthly interests, and that your Legislature is sufficiently intelligent to act out this, the highest function of a government, to do its utmost toward the protection of the lives, health and happiness of the people whom it represents.

Very respectfully,

HENRY B. BAKER,

Supt. of Vital Statistics of Michigan.

We would like to see the calculations of the Superintendent of Vital Statistics embrace an inquiry into the influence of the spread of Homœopathy, and the modification of the practice of allopathy, in lessening the death-rate of Michigan.

MONSTROUS PERVERSION—The following:

ANTENATAL BAPTISM.—(*London Medical Record.*)—In the *Cours d'Accouchements*, a recent work on Obstetrics, by Dr. L. J. Hubert, Obstetric professor in the Catholic University of Louvain, especially dedicated to the young gentlemen who come to that University to receive their medical education, the author finishes by a special chapter on the subject of antenatal baptism of infants.

When an infant is not in immediate danger of death, it is at the church and by a priest it should be baptized; but when its life is imperilled, baptism may be conferred everywhere and by everybody (ecclesiastic or laic, man or woman, believer or infidel), and it is valid, provided it is administered with the intention, the material, and with the formula required.

Who, in case of peril, should administer baptism?

If the child be born, and a priest be present, he should always perform the rite. The father or mother may perform it only in the absence of any other qualified person. If the infant be born, and there be a man present capable of performing it, he should do it in preference to any woman, or even a midwife. But if the fœtus be not born, baptism *in utero* should be administered, either by the obstetrician or midwife in attendance.

The general purpose or intention to do what the Church does is sufficient.

The material is water from spring, river or well, and whether previously blessed or not.

The formula is: I baptise you in the name of the Father, of the Son, and of the Holy Spirit.

This formula should be articulated, and loud enough to be audible to the person himself.

The baptism is absolute or conditional according to circumstances, as we shall proceed to show. The manner varies as to whether the child is born or not.

A. If the child be born, the baptizer should himself pour water on the head of the child three times, corresponding with the mention of the respective names of the Holy Trinity.

If there be any doubt respecting the life of the new-born, the formula should be modified thus: "If thou art living, I baptise thee," etc.

If there exists any doubt of the human nature of the being to be baptised (viz., if a marked monstrosity or rudimentary embryo), it should, "If you are a rational being, I baptise you," etc. Abortions should receive the rite in the same manner as the infant at term.

If the ovum should be expelled entire, the baptism should first be done through the membranes, saying: If you are fit to receive baptism I baptise you," etc.; then having opened the membranes the rite is repeated, adding, "If thou hast not been baptized," When the baptism is thus conditional, the conditions mentioned must be distinctly articulated; it is not sufficient to merely think or will it. Such is the canonical law.

B. Supposing the fœtus is still in whole, or in part unborn, it then becomes necessary to baptize it *in utero*, varying the method according to circumstances.

a. If the head be delivered it may be baptized either absolutely or conditionally, as if the birth were completed, and no subsequent baptism will be required.

b. If any arm or a foot present, these parts should be baptized, and the danger persisting, the chest and the head should be baptized, with the formula: "If thou hast not been baptized," etc.

c. But if the fœtus be still enclosed in the uterus, the baptism should be performed by carrying the fingers or a piece of lint, or sponge, or using a syphon or syringe, and with the formula as before stated, and modified according to the circumstances. After birth, it may be baptized, if alive.

ABERNETHY.—In Abernethy, we come again to one of those rough, eccentric physicians of whose kindness innumerable good stories are told. Like Dr. Johnson, he had a warm heart under a rough exterior. Though he could be absolutely brutal to fine ladies and affected misses, he is said to have been an amiable man, beloved of his family and friends. But to tiresome patients and *malades imaginaire*, he was at times the personation of rudeness: "Sir that's enough; go home and read my book." To a lady who complained of low spirits, he would say: "Don't come to me; go and buy a skipping rope," Sometimes, however, he met his match. Curran one day came to consult him and was rather diffuse in describing the symptoms of his disorder. "Sir," said Abernethy, "you had better tell me your whole life." Upon which Curran sat down and seriously began: "I was born in the year ——, in the county of ——, Ireland," and Abernethy burst into a laugh and entered properly into his case. A lady determined to be brief, and to humor the tyrant one day entered his consulting room, and, thrusting out an injured hand, merely said: "My thumb, sir." "You, madam," he exclaimed in admiration," are the only sensible woman I ever had for a patient."

A gentleman, equally determined, being roughly interrupted, suddenly locked the door, put the key in his pocket, and insisted upon being heard. Abernethy smiled and complimented the patient on his resolution. To a gentleman who gave him £20 to reattend his wife he said; "Are you the fool who gave me £20 the other day? Go home and tell your wife to dine earlier and eat less; and do you keep your money in your pocket, for no doctor's advice is worth £20." To a lady he said severely: "Go home and tell your husband he will not have a wife this day six months."

Abernethy was no respecter of persons. Poor or rich, his patients had to submissively take their turns, or they might go elsewhere. An angry nobleman once broke into his room, and stated his rank and position in full, and asked Abernethy if he knew who he was? To this Abernethy replied: "And I, Sir am John Abernethy, surgeon-lecturer of St. Bartholomew's Hospital, etc., and if you wish to consult me I am now ready to hear what you have to say, in return, Sir." The Duke of Wellington, angry at having to wait his turn, abruptly entered his room. Abernethy asked him how he had entered. "By the door, sir." "Then," said the irascible doctor "I recommend you to make your exit the same way." He is also said to have refused to attend Georges IV till his lecture at the hospital was over. The point on which Abernethy most insisted was the stomach, and through that important organ he declared that all diseases could be cured. The celebrated biscuits which he used to eat and recommend were not so called from him, but from the baker who first invented them. That there was kindness in Abernethy, who can deny who remembers the story of how he returned all his fees to a poor widow who had consulted him and added £50 to enable her to give her sick child a daily ride? He had a horror of operations, and rejoiced when the evil could be averted without such rough and terrible remedies.

DORMANT.—What exquisite pleasure the seeker after truth must experience when by practical experiment his ideas are confirmed, and his dreams realized. Scientific research is very prolific of these pleasant little surprises, as an Iowa dominie, who has just entered upon the study of entomology, is doubtless now quite ready to admit. The good man's curiosity was roused one cold morning by finding in his customary walk a frozen wasp. The scientific impulse was obeyed, and the insect was carried home to settle this important problem: Do wasps merely lie dormant during the Winter, or are they really dead? The arrangements for an experiment were soon completed, and the wasp, firmly held by the tail between the clergyman's thumb and finger, was passed over a lamp to try the effect of heat. It was but a moment. The clergyman's wife was emphatically informed of the result, and the good man himself was so overjoyed that he fairly shouted several times the simple and expressive word "Dormant!" accompanying each exclamation with a significant and vigorous shake of the hand.

GARTH.—Nor let us, in this cluster of doctors of the olden time, forget that amiable friend of Pope—Garth, the enemy of apothecaries, whom he scarified in his poem, "The Dispensary." Arbuthnot is another of the old physicians who was a friend of Pope's. The son of a poor Scotch clergyman, Arbuthnot, failing to get a living at Dorchester, came to London and turned doctor. Gradually his practice increased and he was appointed physician in ordinary to Queen Anne. He died at last of asthma and melancholy.

FLIES.—An Irish clergyman, Rev. George Mears Drought, believes that he has discovered a remedy against plagues of flies—and a very simple and pleasant one—namely, a window-garden of geraniums and calceolarias. He says that he had for a long time been congratulating himself on his exemption from the plague of flies from which his neighbors suffered, when, at length, in preparing for a removal, he sent away his window-box of geraniums and calceolarias to his new residence. Immediately his room was as full of flies as any of his neighbor's, so that he found out that it was his window-garden that saved him.

A FRANK CONFESSION.—Berkshire county, Mass., has a young physician of unusual frankness. Being told that a baby he was attending was dead, he explored no dead languages to find a name for the disease, but said, "Yes, I know it. I made a mistake and gave him too much medicine!"

TOO LATE.—A good story is told of Chivac, the Duke of Orleans' physician. He never noticed that he was ill, being so anxious about the health of others; but one day he felt his own pulse and said: "The devil! He's a dead man. I have been called in too late."

ABSTINENCE, AS A REMEDY.—An elderly gentleman, accustomed to indulge, entered the room of a certain inn where sat a grave friend by the fire. Lifting a pair of green spectacles upon his forehead, rubbing his inflamed eyes, and calling for hot brandy and water, he complained that "his eyes were getting weaker and weaker, and that even spectacles didn't seem to do them any good."—"I'll tell thee, friend," replied Quaker, "what I think. If thee was to wear thy spectacles over *thy mouth* for a few months, thy *eyes* would get round again."

ANÆSTHETIC REVELATIONS.—A letter purporting to have been written by Alfred Tennyson to Mr. B. P. Blood of New York, is published in the *Utica Herald*. In response to a question as to whether he had ever had any anæsthetic revelations, the poet writes: "I have never had any revelations through anæsthetics; but a kind of 'waking trance,' (this for lack of a better word) I have frequently had quite up from boyhood when I have been all alone. This has often come upon me through repeating my own name to myself silently, till all at once as it were out of the intensity of the consciousness of individuality, the individuality itself seemed to dissolve and fade away into boundless being—and this not a confused state, but the clearest of the clearest, the surest of the surest, utterly beyond words—where death was an almost laughable impossibility—the loss of personality (if so it were) seeming no extinction but only true life. I am ashamed of my feeble description—have I not said the state is beyond words? But in a moment when I come back into my normal condition of sanity I am ready to fight for 'Mein liebes Ich," and hold that it will last for æons of æons."

DEATH—A PREMONITION OF.—A young married woman in Worcester dreamed twice last week that she would die at midnight on the first anniversary of her wedding day, and so strongly was she impressed with the visions that she actually made preparations for her funeral, and even gave a sum of money to a friend to purchase mourning. Her husband, becoming alarmed at her condition, consulted a medical friend, stating all the facts of the case. The astute doctor, after a minute's cogitation, discovered a way out of the difficulty. Telling the husband to keep the patient amused as much as possible till late in the day, he went back to the house in the afternoon and administered a harmless narcotic which kept the lady asleep till the dreaded moment had passed. She is now in good health, and joins with her friends in laughing at her superstitious fears.

LIQUOR AMMON. CAUSTICI AS A PROPHYLACTIC AGAINST THE BITE OF A MAD DOG.

Dr. Stefano reports that three persons were bit at the same time by the same mad dog. One of them did not suspect any danger, took no precautionary measures, and after six months became hydrophobic and died. The other two came under treatment about one-half hour after the accident. The wounds were covered with lint thoroughly soaked in liquor Ammon. caust., which was renewed as soon as it became dry. The wounds healed easily and the patients remained well.

Stefano considers the remedy as a specific antidote to the poison of mad dogs, and would therefore recommend subcutaneous injections of liquor Ammon. caust. in the vicinity of the bite.—*Il Morgagni V.* 1875.

Opium Eating in New York.—The Evening Post is showing the extent, magnitude, and influences of opium eating in this country. We quote:

"The importation of the drug has increased beyond the ratio of the increase of population. The amount now passing through the New York Custom House annually falls but little below one hundred thousand pounds, and the ports of Boston, Philadelphia, Baltimore, and New Orleans must triple that quantity. Not a tenth part of it can be required for medical prescriptions. The average to the population equals, if it does not exceed, that used in China and the Indian Archipelago.

"Inquiry among druggists in the different wards of New York and Brooklyn would seem to establish that the use of opium actually increases from year to year at a ratio of about 30 per cent. Some dealers, evading direct answers, give the impression that they only sell to fill out medical prescriptions; but in one or two such instances, it is found that the income derived by them from the sale is no unimportant or unprofitable item in their accounts. Others, more frank, have acknowledged that they sold many times more than the quantities required for prescriptions.

"Few consumers of the drug, however, obtain their supplies from one apothecary; desiring to conceal their habit from observation, they procure them from several shops. We are confident that the amount sold in any one drug store in a ward is more than ample, as a general rule, to meet the wants of the physician. Yet the number of such shops in this city is counted by hundreds. The quantity consumed here annually must average from one to two ounces for every adult inhabitant, and possibly more. It seems to be used more in the eastern than in the western side of the town, and more in Brooklyn than in New York."

Hair, Hats, and Hideousness. (*The Congregationalist.*)—We begin to despair of ever again seeing—in public—the natural beauty of woman's head. When unadorned, this, pre-eminently, is adorned the most. Nothing can exceed the sweet gracefulness of the curve lines which contour many and many female faces and figures, when left to themselves, to be as God made them to be; or when treated simply, and in that most exquisite of all tastes, which neither neutralizes nor overrides, but just suits and hightens, every natural trait, and beautifies all inborn and characteristic seemliness, without introducing any alien gaud or glare. How refreshing it is now and then to come upon some woman who has wit and culture enough to know that nothing can make her so beautiful as to part her hair naturally, and sweep it back from her forehead either in loosely flowing simplicity, or coiled and twisted in careless grace into one of these honest knots which painters love; and courage enough to do as she likes with her hair, and her head, whatever others may think, say or do.

It would be bad for those who trade in dead locks, and in those pitiable shams of them, which some women besides our Irish female fellow-citizens are wont to tie, or tack, in greasy, nasty heaps, upon the back part of the head; but what a gain it will be to cleanliness and comeliness alike when the wind of fashion changes, and it is no longer "the style" for a woman thus to overload and disfigure herself.

HÆMATEMESIS IN INFANTS.

Dr. C. Kuster observed twice vomiting of blood in nursing infants, where the source of the hæmorrhage could not be in the infants, as they were the very pictures of health, and did not show a trace of anæmia. In both cases the blood came from the mammæ of the mothers, in one only from one breast which was inflamed, in the other from both breasts, as she had only very little milk, and the hearty babe sucked so strongly that he also extracted blood. The hæmatemesis ceased as soon as the children stopped nursing.—*Zeitschr. f. pract. Med.* 20, 1875.

NECROLOGICAL.

Gallup.—Died at Duxbury, Mass., March 15, 1876, very suddenly, Mr. George Gallup, of Bangor, Me., aged 39 years.

He had filled important stations as a Telegraph Manager in Illinois, St. Paul, Min., in 1863, and in New York city. For the last eight years at the Atlantic cable at Isle of Cape Breton, Nova Scotia, as managing agent, and since last July at at the landing of the French cable, at Duxbury, Mass., in the same capacity. He has been considered as one of the first class of operators in this country, as his position would indicate.

(*Chicago Investigator please notice.*)

Hooper.—Dr. Joseph Hooper died suddenly at Bay City, Mich., last month. He was formerly a clergyman and officiated the only day before his death for the Congregationalists. About four o'clock in the afternoon he was attacked with a congestive chill, and although every thing possible was done to relieve him, the attack proved fatal in a few hours. The doctor has lived at Bay City for several years and was a prominent member of the Good Templars and Odd Fellows, and at time of death was the editor of the *Michigan Odd Fellow.*

Bute.—*George Henry Bute, M. D.*, died at Nazareth, Pa., on the 13th of February, 1876, at the ripe age of 83 years.

As he was the first prover of a number of our remedies, and a worthy physician, we will print a more extended notice in our next issue.

NOTICES, Etc.

Missouri School of Midwifery.—The regular course of lectures in Missouri School of Midwifery and Disease of Women and Children opened Monday, March 6th. The prospects for a large class are good. Wm. C. Richardson, Secretary.

The Romance of a Poor Young Doctor is the title of a forthcoming poem by the editor of the Cincinnati Medical Advance. It will appear in the May number of that journal.

Practice of Medicine.—Dr. Hart's series of articles will be resumed in next number.

WESTERN ACADEMY OF HOMŒOPATHY.

The third anniversary and second regular session of the Western Academy of Homœopathy will be held at Galesburg, Illinois, June 6th, 1876. Members will please send titles of papers to the General Secretary as soon as possible, that they may be published with the general circular to be issued in a short time. Any information in regard to the Academy may be obtained by addressing J. Martine Kershaw, *General Secretary.*

St. Louis, March 23, 1876.

Please note the following resolution unanimously adopted at the last meeting: "*Resolved,* That it is the sense of this meeting, that the society known as the Western Academy of Homœopathy, is, in intention and in fact, a society embracing the entire Western country, and organized for the benefit of *all* the practitioners of Homœopathy throughout the great West."

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

DIPHTHERIA.

BY J. W. DOWLING, M. D., OF NEW YORK.

(Concluded from page 189.)

TREATMENT.

Doctor's Marcy and Hunt in their work on the Practice of Medicine say that out of some two hundred cases of diphtheria, they have lost but two. In this, were included, of course, catarrhal as well as croupous cases. My record will hardly equal theirs. But with the same remedies which they so urgently recommend—aided by the application of hot steam, and the cleansing of the mouth and fauces with disinfecting solutions, I can show a record—which, in comparison with the old school treatment, which has been in vogue until quite recently in this city—gives me just reason for pride and satisfaction.

The remedies which I am in the habit of using for the disease proper, uncomplicated—are but three in number, Aconite. Kali bichromicum and the proto-iodide of Mercury. Undoubtedly there are many which may be indicated during the course of the disease, but I have met with such general success with these three remedies that I have rarely had occasion to use any others.

Within the last hour, while writing this article I was interrupted by a call, to see a child suffering from sore throat—upon reaching the house, which was a short distance from my own—I found the patient, a little girl about ten years of age, in a high fever, with a temperature of 104°—a rapid pulse, flushed face, considerable enlargement of the submaxillary gland of the left side, a perfectly clean tongue—slight redness of the left tonsil,

with a small whitish yellow spot about a quarter of an inch in diameter upon this tonsil—the edges of this spot were marked and abrupt. I gave the child one dose of the first trituration of proto-iodide of mercury, and left other powders to be given at intervals of three hours. In addition to this I put a few drops of Aconite in half a tumbler of water, and ordered a teaspoonful to be given every hour, commencing in half an hour after taking the powder of proto-iodide of mercury. There were three children sleeping in the nursery—I ordered the two who were well to be taken to a room on the floor below—where I propose to keep them, till I am satisfied in my own mind whether I am dealing with a case of diphtheria, or simple pharyngeal inflammation.

My custom, as in this case, if called during the height of the fever is to administer Aconite, while the fever lasts, with an occasional dose of the proto-iodide of mercury after the temperture has become reduced, I am in the habit of alternating with the proto-iodide of mercury, the Kali bichromicum, the first decimal trituration dissolved in water—sufficient to impart a yellowish tinge to the water, a teaspoonful every two hours, with a powder of the proto-iodide of mercury on the hour between. With these three remedies I have generally been able to arrest the progress of the disease, and bring about recovery in the course of a few days. This success has been so universal that I have but little fear in the treatment of these catarrhal cases. In addition to these, if the disease appear to remain at a stand still, I resort to inhalations of steam, by means of Tiemann's atomizer every two hours, for five or ten minutes at a time. As has been said before the danger in this form is of its running into the croupous form, with fibrinous deposit. When this does occur,which is uncommon, if I have had an opportunity of prescribing early in the disease, I still have confidence in the kali bichromicum and proto-iodide of mercury, and persevere with longer or shorter intervals, according to the severity of the

case. But in addition to this, I have for years been in the habit of using the inhalations of hot steam. Long before the introduction of the atomizer, while associated with the late Dr. Abraham D. Wilson of this city, through his recommendation I was in the habit of using the steam from the mouth of an ordinary tea pot, to promote suppuration in quinsy sore throat. The relief was so marked, that I used it in all severe cases of sore throat. When diphtheria broke out in New York, following upon the epidemic in Albany, in the year 1859, in addition to the remedial agents used, I always resorted to the inhalation of steam, more as a palliative than to obtain any curable results.

I see in Marcy and Hunt's Practice, that Dr. Lord of Chicago published in the Illinois Transactions for 1862, a severe case of diphtheria, which he treated successfully by inhalations of steam, derived from a weak solution of bichromate of potash. In this case I hardly think the favorable result was owing entirely to the medicinal action of the drug.

Oertel in his article on Diphtheria in Ziemsen's Cyclopædia, says: When the false membranes become detached by the unaided efforts of nature, we find that this is invariably done through suppuration—the absorption of the putrefying substances is prevented by a thick impervious layer of pus corpuscles, which form a separating stratum of pus on the surface of the mucous membrane. He therefore in imitation of the recuperative efforts of nature, endeavors to excite a rapid and abundant production of pus—to accomplish this he resorts to the frequent and continued use of hot vapor—the result he says was an abundant suppuration, causing demarcation.

He says the first appearances which are observed as a result of the operation of hot vapor, are always constant and distinctly noticeable as early as at the end of from twelve to eighteen hours—during which the inhalation has been practiced hourly, or half hourly for a quarter of an hour at a time. The

margins of the diphtheritic deposits become more sharply defined, producing an enlarged appearance of the membranes. It will appear as if the disease had increased in intensity. The operation of the hot vapor, however has been to produce a considerable excretion of pus corpuscles. The pseudo membranes become gradually thicker, are raised up from the mucous membrane—their whitish gray color becomes more yellowish, or of a dirty gray color, while the redness of the adjacent mucous membrane also fades, and the swelling disappears. After some days, he says, we obtain with the necessary amount of suppuration, a complete detachment of the pseudo membranes, and they are expectorated by the patient, either whole, or in single scarcely noticeable fragments—or are in part swallowed. For a short time some pus still continues to be secreted on these parts of the mucous membrane which have become free—but it disappears with the rapid development of the young epithelium.

An ordinary tea pot may be used—care being taken that the water does not come above the inside opening into the spout. A small opening should be made in the cover to admit air.

I am in the habit of using Tiemann's atomizer for the generation of the steam, and should advise every physician to have one or more at hand, to use not only in the treatment of diphtheria, but in ordinary parenchymatous inflammation of the fauces, laryngeal, and tracheal inflammation—and in catarrh of the larger and smaller bronchi. The hot vapor will be found a valuable adjunct to remedies in the treatment of these complaints. It is very soothing, and can certainly do no harm, for it does not in any way interfere with the action of our remedies, although by a too long application of very hot vapor, I have seen a slight laryngeal œdema produced, which rapidly subsided upon the removal of the cause. Care should be taken not to scald the throat by using the vapor at too high a temperature.

The use then of the Aconite during the febrile stage of the catarrhal form in connection with the proto-iodide of mercury, and the alternation of the last named remedy dry with bichromate of potash in solution, during the continuance of the disease, and in addition to these last remedies, the frequent use of hot vapor for ten or fifteen minutes at a time, at intervals of half an hour, or an hour—particularly if the characteristic fibrinous membrane has formed upon any portion of the fauces, constitutes our treatment in the large majority of uncomplicated cases.

To prevent septic disease and general blood poisoning, which results from the absorption of the products of the disorganization of the diseased tissues, Oertel advises gargles and washes of spirits of wine and diluted chlorine water in the proportion of one to three; solutions of carbolic acid, or permanganate of potash—one or two grains to the ounce.

With these the patient should rinse the mouth once or twice at least, every half hour. When this is impossible as in the case of small children, the mouth and throat must be cleansed by the use of a syringe. Prof. Lilienthal of this city is in the habit of using a spray of carbolic acid and water as an antiseptic—and also as a curative measure. The ordinary apparatus for generating a spray of perfumery, to be seen in the window of every drug store, may be used for this purpose.

For the septicæmia, in addition to the proto-iodide of mercury, the best remedies are Arsenicum and Carbo veg. indicated by the offensive and corroding discharges from the mouth and nose, the immensely swollen condition of the cervical and submaxillary glands—the bloated, pale, wax like face—the small, weak or irregular pulse, the loss of strength, etc.

The diet should be nourishing and should consist of strong beaf tea, mutton, or chicken broth, and wine, with the yolk of eggs, champagne, brandy and water, or wine whey, made by adding sherry wine to boiling milk, until it curdles, and then

straining through a piece of linen. In this way the strength of the patient may be sustained, and death from a weakened condition of the heart, which so often results from septicæmia—avoided.

Under no circumstances should mechanical measures be resorted to for the removal of the membrane—after a proper amount of pus has been formed beneath the membranes, they will of their own accord loosen and fall off. Oertel says that if we attempt the mechanical detachment of the deposit, which in the beginning is quite adherent, it always results in the production of small wounds of the surface of the mucous membrane, as shown by bleeding points where the individual capillaries have been torn. The possibility of any easier and considerable entrance of the vegetable parasites and products of decomposition into the tissues is thus readily afforded, and as proved experimentally, the life of the patient is put in far greater danger. A rapid reproduction of the pseudo membranes takes place—spreading over a greater extent, owing to the increase of local inflammation, and fibrinous exudation. The liability also to the infection of the general system is greatly increased.

The same remarks will apply to the removal of the membranes by cauterization. He impresses upon his readers the fact that the contagious material is not confined to the false membranes, but is present throughout all the mucous membranes involved, as well as in the fluids of the mouth, in greater or less quantity.

In the treatment of the muscular weakness and paralysis following upon the disease, I am in the habit of resorting to the use of electricity, and as remedial agents—Nux vomica, and Rhus toxicodendron ; also Phosphorus, when the loss of virile power is persistent.

Some days have elapsed since I was called to see the child, referred to in the latter part of this article, I am therefore prepared to give, to a certain extent my treatment, and its result.

As I before stated, upon being called, I found the child in a high fever, with slight soreness of the throat, and swelling and tenderness of the submaxillary gland of the left side. A small whitish yellow spot about a quarter of an inch in diameter had appeared upon the left tonsil. I administered one dose of the proto-iodide of mercury, and left powders to be given every three hours, with a dose of Aconite each hour between.

I saw her the following day about noon. The fever had subsided, whether owing to the action of the Aconite or not, I am not able to say. The throat was less painful upon swallowing—but the enlargement of the submaxillary gland had increased. Upon examining the throat I found the original spot much larger, and in addition several more scattered over both tonsils, and upon the pillars of the fauces. I acknowledge I was alarmed at the rapid increase of the membranous deposit, and was no longer in doubt as to the nature of the disease.

I commenced the use of bichromate of potash in alternative with the proto-iodide of mercury every hour, and ordered her to inhale steam generated by the atomizer. (There was one in the house which I had ordered on a former occasion for a laryngeal catarrh, in another member of the family). She inhaled the steam for fifteen minutes at a time, every hour, during the balance of the day.

I visited her again in the evening. There was no increase in the membrane, and the edges of the one first formed were much more abrupt than when I first saw her. Continued the remedies, and ordered the steam to be used as often as convenient through the night.

Saw her again in the morning. She was in better spirits, had had a comparatively comfortable night—the swelling of the gland had not increased, neither had the deposit upon the fauces. Continued same treatment. Visited her again in the evening—condition the same. On the fourth day, the membrane began to peel off, and the glandular swelling to subside.

On the morning of the fifth day, the deposit, with the exception of a small point had entirely disappeared. All this time I had continued the remedies at intervals of one hour, and persevered with the use of the steam. I now ordered an interval of two hours between the doses—and the steam every three hours.

To-day, which is the seventh since she was taken, the throat is clean and apparently free from inflammation, but there is considerable swelling of the submaxillary and cervical glands of both sides—her appetite, which had entirely left her, is returning—but there is great muscular weakness, and general prostration. I am using the proto-iodide at intervals of four hours, and have ordered strong beef tea, to be given in small quantities every hour. I never saw the deposit increase more rapidly than in this case. In the short space of fourteen hours, from a small spot, not more than a quarter of an inch in diameter, the entire tonsil of the left side had become nearly covered, with several quite large patches scattered over the remainder of the fauces—and yet the fever had subsided, and there was considerably less pain upon swallowing. In this way, frequently we are not called until the disease has made considerable headway, for on the appearance of the fever, Aconite and Belladonna are administered by the mothers who have works on domestic practice and vials of medicine, and upon the disappearance of the subjective symptoms, they take it for granted, improvement is rapidly taking place, until finally, perhaps upon examining the throat they discover the actual state of affairs—or are alarmed by an exacerbation of the fever, and subjective symptoms of the throat—when the physician is hastily summoned to contend with perhaps a fatal case of the disease.

My opinion is, that these boxes and books have been a curse to Homœopathy. I never advise them when a good physician can be obtained, though I am satisfied that, as a poor tenant is worse than no tenant at all, so a little knowledge of medicine is worse than no knowledge.

ON HEMICRANIA.

BY DR. FISCHER, OF LINZ.*

This painful affection has been variously attributed to neuralgia of the temporal, frontal, and occipital nerves, to hyperæsthesia of the brain, neuralgia cerebralis, to hysteria, to derangements of the menstrual function. Du Bois Raymond, who was himself a sufferer from this malady, attributed it to tetanus of the vascular muscles of the affected side, and as the vessels are under the influence of the sympathetic, he considered the disease to be an affection of the cervical portion of the sympathetic, or of its centre in the medulla oblongata. The spasm was shown by the paleness and contraction of the features, the dilation of the pupils, whose circular fibres are supplied by the sympathetic. After this had lasted some time relaxation set in, the vessels became dilated, coolness and warmth of the affected parts supervened.

Mollendorf examined a woman during an attack of hemicrania, and found dilation of the central retinal vessels, and of the choroidal vessels, with injection of the sclerotic vessels, whilst the eye of the unaffected side was quite normal. At the same time the heart's beats were slower, the radial arteries small and contracted, the pulse in carotids and temporals soft and large, hands and feet cold, rigor. Thus, whilst Du Bois Raymond noticed in his own case spasm of the vessels, Mollendorf found all the symptoms of paralysis of the vessels probably proceeding from the vaso-motor centre in the spinal cord. At the same time the vagus was in a state of irritation shown by the slowness of the heart's contractions.

Both authorities agree in ascribing the production of hemicrania to alterations in the cerebral circulation, producing in the one case spasm, in the other paralysis, of the vessels. As the circulation in the vessels is under the control of the sympathetic, the attacks must depend on anomalies in this portion of the nervous system; hence hemicrania may be said to be a neurosis of the cranial portion of the sympathetic, and, as a consequence of this, irritation of the sensory nerves of the head caused by irregularity in the circulation in the affected side of the head. There are, as is evident from the observations of these two authors, two kinds of hemicrania: h. sympathico-tonica, owing to spasm of the vessels, and h. angio-paralytica, owing to paralysis of the vessels.

* *Br. Jour. of Hom.* No. 135.

Hemicrania or migraine, as we observe it in the subjects of it, comes in the form of neuralgia, in paroxysms often of a typical character. The attacks generally commence in the morning, last half a day or the whole day, seldom longer, but they may commence at any other period of the day. Sometimes they come every other day, like ague.

The actual attacks are often preceded by sensations in the sphere of the nerves of special sense, such as glittering before the eyes, humming and roaring in the ears, rigor, yawning, nausea, general discomfort, irritable humour, and prostration, or occasionally oppression in the heart, lasting for some hours. The attacks generally commence on one side, usually the left, and spread with rapidly increasing intensity beyond the mesial line, involving a larger or smaller portion of the head. The pain itself is a fixed one, its greatest intensity being limited to a portion of one side of the skull. Patients usually describe it as a dull, aching, boring, tensive, pressing asunder pain ; often as throbbing, knocking, hammering, combined with violent throbbing of the carotids and temporal arteries. The intensity is so great as to drive them to despair. Very frequently the internal pain is combined with extension to the trigeminus and its branches, the optic, acoustic, and even the gustatory nerves, the hairy scalp becomes sensitive, nausea, and even vomiting comes on, every movement of the eyeball, every noise increases the pain. The face is usually pale, features shrunken, the eye of the affected side smaller, reddened, the extremities cool, the heart's actions slower. After a longer or shorter duration, with frequent variations in intensity, the patient becomes prostrated, and at length falls asleep and awakes with some dulness and compression of head, but in other respects well.

The only disease with which it may be confounded, are cephalalgia rheumatica, and neuralgia of the trigeminus. The difference betwixt hemicrania and inflammatory affections of the brain is too great to allow of their being confounded.

Cephalalgia rheumatica seldom comes alone, it is generally combined with rheumatism in other parts. The pain is of a tearing character, is not accompanied by derangement of the circulation in the carotids, nor with dilation or contraction of the pupils, is influenced by atmospheric changes, is seldom typical, and is only occasionally and accidentally connected with menstruation.

Hemicrania is distinguished from neuralgia of the occi-

pital, auricularis magnus and frontal nerves by the kind of pain, which in the latter is described as tearing, shooting, or darting hither and thither. The pain also follows the course of the nerves in whose track the pain-point of Valleix may be discovered.

The duration of the fit of pain has been already alluded to; that of the disease is very various. The attacks may be more or less frequent; for a time they occur daily, often appearing at the same hour, or they may have a three-day type, or they may come on at each menstrual period, or they may happen irregularly from over-exertion, mental worry, hot weather, &c. The disease may cease spontaneously after a time; the climacteric period often acts favorably on it. Sometimes it lasts through life and bids defiance to all treatment.

Hysteria used to be considered its principal cause; it is true that it often occurs in hydræmic subjects combined with other nervous phenomena; but it is also met with in strong men, not the least nervous, and addicted to the pleasures of the table. Heredity is a frequent cause, especially on the mother's side; and frequently some members of the same family are subject to migraine, whilst others suffer from epilepsy. It seldom comes on first in the climacteric years. As it is dependent on derangement of the circulation, it may be produced by plethora, especially of the abdominal organs. It is often met with in students, caused by excessive cerebral excitement.

TREATMENT.

The therapeutics of hemicrania relate to the treatment during the attack and to the radical treatment of the disease.

In spite of careful selection of the remedy, it is seldom possible to cut short an attack. Rest, especially lying down, absence of noise and light and low diet, are admirable. *Amyl nitrite* is much recommended by many allopathic physicians. Three drops inspired every quarter of an hour often act magically. The following symptoms are observed during the use of this remedy: heat in face and head, redness of face, injection of the conjunctiva, increased rapidity of pulse, diminished tension of the radial arteries, cough, and, if the inhalation is prolonged, fainting. From this it is evident that the remedy paralyses the cervical portion of the sympathetic and also the vagus, whose inhibitory action on the heart it removes, so that when allopathically employed it is indicated for the sympathico-tonic form of hemicrania. We may, therefore, infer

that homœopathically it would be indicated in the neuro-paralytic form of the disease.

I have not seen much effect from other remedies, unless when they have been given in the premonitory stage of the attack.

As regards the choice of a remedy, it may be said that almost any remedy in the materia medica presents some symptoms analogous to those of the disease. It will suffice to mention here only the most approved remedies. These may be divided into such as are contained in the normal blood, and such as are foreign to the body. The first class of remedies are applicable to those cases that are dependent on an abnormal composition of the blood. Such are *Calc. c.*, *Ferr.*, *Natr. m.*, *Sil.* and *Sulph.*

Calc. c. is especially applicable to scrofulous and tuberculous subjects. As it acts slowly it must be given for a considerable time.

Ferrum is suitable for hydræmic constitutions. The attacks are of the congestive sort, usually come on at night, and occur at intervals of two or three weeks.

Natr. m. is adapted for scrofulous, gouty, or scorbutic constitutions. Weakness and prostration are marked symptoms of this remedy. The periodical attacks come on generally in the morning.

Silica has a great affinity for the vegetative system. Hence it is indicated in scrofulous, rhachitic, and tuberculous constitutions. The attacks are of the congestive character, occur chiefly at night and are aggravated by movement, pressure, mental activity, and talking.

Sulphur is usually suitable for the scrofulous and arthritic. Its sphere is the venous system. The attacks come on in the morning or evening; mental work excites or aggravates them.

Next come the remedies which are not usually found in the blood.

China is particularly suitable where there has been loss of blood or humors. It is an excitant of the vaso-motor centres and of the brain. The attacks are of a congestive character, and observe a certain periodical type.

Aconite has been occasionally employed. The rush of blood it causes is, however, rather of an active nature. It is suitable for full-blooded persons disposed to ebullitions of blood, in whom the attacks occur at night, are very violent, and combined with trigeminal neuralgia.

Argent. nitr. is undoubtedly a powerful nervine. Its action extends to the vagus and sympathetic, therefore, to the nerves of the blood-vessels. The symptoms of the remedy affect chiefly the right side, trembling frequently accompanies the attacks, open air increases, binding tightly alleviates the pain.

Belladonna acts chiefly on the brain, the sensory nerves of the eye and ear, the vagus, the motor nerves, but also on the sympathetic, shown by the irritation it produces on the dilator pupillæ. It is indicated in attacks accompanied by violent congestions of the brain, with throbbing of the arteries, redness of face, heat, and dilated pupils.

Cocculus has a special action on the spinal cord, brain, and vaso-motor nerves. It is indicated when along with the hemicrania other hysterical ailments or chlorotic states are present. The attacks are of a congestive character, semilateral, and are excited or aggravated by movement.

Coffea principally excites the brain and vaso-motor centres. The affected parts are hyperæsthetic, there is precordial anxiety and over-excitement of mind and body.

Cicuta acts on the spinal cord, and thereby also on the nerves of the vessels. The attacks are semilateral, with sunken features, anxiety in the cardiac region, vomiting, pupils at first contracted, afterwards dilated.

Ignatia acts first on the spinal cord, then on the brain. It is especially suitable in hysteria. The attacks usually appear after eating, or in the evening or morning, are combined with chilliness or heat, redness and burning heat of one ear or one cheek, with nausea and vomiting. Stooping aggravates, lying ameliorates the pain.

Lachesis corresponds to phlegmatic, spongy constitutions; it acts on the heart, the vascular system, and the blood. The attacks are tonic, with vomiting, much thirst, spasms, and great anxiety.

Nux vomica is especially adapted for men who lead a sedentary life. It acts mainly on the spinal cord, then on the vagus. It is useful when along with the hemicrania other nervous ailments are present. The attacks are of a spasmodic character, occurring chiefly in the morning or after mental emotions, combined with nausea and inclination to vomit, and the patients are subject to heaviness of head and vertigo.

Opium excites brain and spinal cord, and increases the vascular activity. In the cases for which it is suitable, the face is pale or dark red, puffy, pupils dilated, the arteries throbbing the pulse full, slow or intermittent. Nausea is present.

Pulsatilla is the chief remedy for delicate chlorotic girls. The attacks are semilateral, worse before midnight, pupils contracted, pulse quick, small, and weak, feeling of chilliness, often semi-lateral sweat, alternations of paleness and redness, nausea and vomiting.

Secale is a remedy which is also recommended by allopaths for this affection. In acts on the spinal cord, especially on the sympathetic, then on the brain. It is suitable for hemicrania, when there is a tendency to hæmorrhages, formication in the skin or on the face, the head pains are semilateral, combined with disgust, nausea, and vomiting.

Sepia is a female remedy. The genitals, the venous system, and the vagus are within the sphere of its action. The attacks are produced by mental emotions, especially vexation, are of a tonic character, accompanied by pale face, rigor, and flying heat. In the intervals the head is often confused ; walking in the open air causes vertigo.

Spigelia acts on heart, brain, and spinal cord. Along with the congestive head pains there are spasms, usually of a hysterical kind. During the attacks the pupils are dilated, the eyes staring, the expression bold, there is vomiting of mucus and bile, the urine suppressed.

Veratrum acts on the ganglionic system, spinal cord, and heart. The pulse is small, rapid, intermittent, or slow. Great anxiety and fear, cold feeling. The attacks are generally nocturnal.

These are the chief medicinal remedies for hemicrania [we might add to this list *Phosphorus* and *Glonoine*]. Besides these electricity has been often used with benefit; indeed, some electricians assert that they can cure all kinds of hemicrania with electricity.

It will be seen that there are remedies enough for hemicrania, and yet cases occur in which the most we can do is to obtain some mitigation of the severity and frequency of the attacks, and there are yet other cases which bid defiance to all remedies, but which are in the end spontaneously cured in the course of time, and the credit of the cure is given—improperly perhaps—to the last doctor who has had to do with the patient.

PRURITUS SENILIS CURED BY MEZEREUM.

British Journal of Homœopathy reports Dr. Kafka's cure of the following case :

The first was a case of pruritus senilis in a gentleman, seventy-four years of age, in whom there were signs of commencing marasmus senilis. His skin was shrivelled and wrinkled, and he was affected with itching, specially at night, to such an extent that he hardly slept at all, and he was consequently weak and dyspeptic. He had tried the prescriptions of many allopathic celebrities without benefit. One had ordered him warm soap baths, another washings with dilute nitric acid, another with carbolic acid, 1 to 12, and the last consulted had proposed hypodermic injections of *Morphia.* But this last remedy had brought him so low that his friends had persuaded him to try homœopathy. Dr. Kafka found him suffering from the narcotism produced by the *Morphia.* This was first removed by a liberal use of claret and coffee. The pruritus affected those portions only of the skin that were shrivelled and atrophic ; to wit, the skin of the neck, the abdomen, the fore-arms, legs and face. These parts were lower in temperature than the other portions of the skin. The sensation was if thousands of insects were crawling about him. He could not resist rubbing the affected parts, which caused wheals, white and elevated like nettle stings, with a red areola. Each wheal had a drop ot blood the size of a pin's head in its centre. As the night advanced the itching declined, and left a burning sensation that lasted till the morning. The *Morphia* aggravated these symptoms, and caused in addition faintness, nausea, vertigo, and stupefaction. During the itching and burning the patient experienced constant shuddering and a disagreeable cold feeling along the back and extremities. The symptoms attributable to the *Morphia* being removed by the wine and coffee, Kafka prescribed *Mezereum* 6, two doses daily ; and by the third day the itching and burning had declined considerably, and he was able to sleep. Strength and appetite returned. Under the use of one dose of *Mezereum* daily, he was perfectly cured in four weeks.

NITRATE URANIUM IN DIABETES.

In the *British Journal of Homœopathy* there is an account of two cases of Diabetes treated by Dr. Magdeburg with *Uran.-Mur.* He had satisfied himself by his own experiments that after several weeks' injection of small doses of *Uran.-Muriaticum* or *Uran.-Nitricum*, by healthy persons, sugar can be found in their urine. Besides this, *Uran.* covers many other symptoms of Glycosuria. Hence he decided to try it on a very unpromising patient. After six weeks' treatment, with some modifications of diet, "very decided results had been attained. The patient's looks and state of nutrition were better; his digestive organs were performing their functions less abnormally; the mucous membrane of the mouth had assumed a fresher appearance; his appetite for flesh meat was good; there were good alvine evacuations about every other day; mental and bodily vigor had returned. The appearance of the urine was pretty well normal, showing irregularities, but constantly in a less degree; the sp. gr. was 1023 as against 1036–38 at the beginning of the treatment; the chemical test showed the presence of sugar, but there was a notable difference in the intensity of reaction." The next patient was also unpromising; she ate and drank too much, and her case was complicated with Febris Gastrica. Meals were regulated on general principles. After a treatment of eleven weeks with *Uran.-Mur.*, things stood thus: 'action of the skin better; skin softer and without furuncular processes; quantity of urine diminished; thirst more easily quenched; former hunger replaced by simply a good appetite; disturbances in the digestive tract frequent; dryness of the mouth gone, but abnormal sensations still present; urinary analysis showed sp. gr. 1013; reaction, slightly acid; sugar, unweighable traces; albumen, none; sediment, slight, composed of epithelial cells and uric acid.' This showed very great improvement. But, after all, in neither case is the result perfectly satisfactory. Dr. Magdeburg does not approve of prohibiting all those articles of diet which within the human organism are soon transformed into sugar. He holds that the diseased organism should be led by our medicines not to act abnormally; and that by strict deprivation we get an artificial and not a dynamic diminution in the glycogenesis. He therefore only modifies the diet of his patients. And by that means, even with the use of *Uran.-Mur.*, it appears to us that he only modifies the disease.

CARBOLIC ACID IN HOOPING COUGH.

At the meeting of the British Medical Association Dr. R. J. Lee recommended the use of *Carbolic Acid* as a remedy, administered by inhalation in the form of vapor ; a solution of one part of Acid to ten parts of water being kept for use, and given in the proportion of two drachms to four ounces of boiling water. The vapor may be inhaled for ten or fifteen minutes every four hours. Dr. Burchardt, of Berlin, in 1873 successfully employed the vapor of a solution of one and a half to two parts of Acid to one hundred parts of water, three times a day ; and not only recommends it for Hooping Cough, but also for other affections of the respiratory organs. Dr. Rugg reports a similar use of the remedy in 1866.

ACUTE HYDROCEPHALUS.*

TUBERCULOUS OR GRANULAR MENINGITIS.

If the term used to designate simple inflammation of the brain is etymologically inapposite, much more is that which is generally employed to distinguish scrofulous inflammation of that organ, namely, *hydrocephalus*, or *dropsy of the brain*, a condition belonging only to the chronic variety, since the limited effusion of serum into the ventricles, which occurs in some cases of this disease, is nothing like true dropsy, in the sense in which that term is usually understood ; but as homœopathists both recognise and treat diseases by symptoms instead of names, the inaccuracy of the allopathic nomenclature is of but little consequence.

PATHOLOGY. Acute hydrocephalus is essentially a scrofulous inflammation of the brain ; at least, it is generally, if not universally, associated with a scrofulous or tuberculous condition of the system; indeed, the disease is chiefly characterized

* Continued from page 58.

by deposits of scrofulous matter, in the form of millet-sized tubercles, or granules, in the meninges of the brain; hence it is sometimes called *granular* or *tuberculous meningitis.** The granulations are of a greyish or yellowish-white color, similar both in character and appearance to those which sometimes occur in ordinary miliary tuberculosis in other organs. They are located for the most part in the pia mater at the base of the brain. It is only in a small proportion of cases that they occur elsewhere. This, however, it should be stated, is contrary to the original observations of Rilliet and Barthez, who found them to occur most frequently upon the convex surface of the brain. The truth is, they are situated mainly along the course of the great vessels, particularly in the fissure of Silvius. In some instances they are so closely aggregated as to coalesce, forming tuberculous masses of the size of a pea or bean. There is also to be found in the sub-arachnoidal space, adjoining the blood vessels, a jelly-like exudation similar to what occurs in simple meningitis. There is generally much softening of the cerebral tissue around the ventricles, owing probably to the effusion into them of a greater or less quantity of serum. As already stated, miliary granules, tubercles, and other evidences of scrofulosis, are generally found in other portions of the body, particularly in the lungs, bronchial glands and peritoneum, proving conclusively that acute hydrocephalus is nothing more nor less than *a true scrofulous inflammation of the brain*,—a fact the knowledge of which is of the greatest consequence so far as prognosis and treatment are concerned.

SYMPTOMS. Acute hydrocephalus may occur at any period of life, but is almost wholly confined to infancy and childhood. Its course exhibits four different stages, or periods, the characteristic symptoms of which are so different, that, for the purpose of comparison, we present them in tabular form. (See pp. 252, 253.)

* See *Am. Hom. Obs.*, vol. 7, p. 58.

Etiology and Prognosis. Acute hydrocephalus is so exceedingly fatal, in consequence of the scrofulous diathesis of the patient, and the presence of tuberculous matter in the cerebral meninges, that the only chance for successful treatment lies in its early recognition.* Hence it is of the utmost importance that proper treatment be instituted during the premonitory or congestive stage, as then the symptoms will generally be found to yield. At the same time we would caution the practitioner always to be on his guard, since, in consequence of the strong predisposition existing in these cases, and the irritation caused by the presence of foreign matter within the cranium, there will be a constant tendency to relapse upon exposure to any exciting cause, such as falls, blows, exposure to cold or heat, the irritation produced by worms or teething, rapid jolting or exercise, the repercussion of cutaneous eruptions, ordinary attacks of fever and inflammation, or indeed anything calculated to quicken the circulation and cause a determination of blood to the brain. Hence the greatest care should be taken in such cases to keep the child quiet; to guard against external violence or undue excitement of any kind; to promote the general health by gentle passive exercise; and to regulate the motions of the bowels and the functional activity of the skin by diet, bathing, friction, etc., with the greatest care.

Diagnosis. The disease with which acute hydrocephalus is most apt to be confounded is simple meningitis, which sometimes bears so close a resemblance to this affection as to render it extremely difficult to distinguish it from the scrofulous variety. Doubtless the most certain diagnostic sign is the coexistence of a general scrofulous condition of the system. If there should be no external marks of scrofula, no hereditary taint, nor any signs of disease within the chest or abdomen, there is reason to hope that, however characteristic the brain symptoms may appear to be, the inflammation is simple; on the other hand, when such evidences of scrofulosis exist, there is great reason to fear that the disease is granular meningitis. When, in addition to the scrofulous or tuberculous diathesis, the disease is protracted to two or three weeks, or more, the proof of its scrofulous nature may be regarded as conclusive.

* See *Am. Hom. Obs.*, vol. vii, p. 59.

TABLE IX.—ACUTE HYDROCEPHALUS—SYMPTOMS.

CONDITION OF THE	FIRST PERIOD; OR CONGESTIVE STAGE.	SECOND PERIOD; OR INFLAMMATORY STAGE.	THIRD PERIOD; OR STAGE OF EXUDATION.	FOURTH PERIOD; OR STAGE OF PARALYSIS.
BRAIN	Occasional headache; peevishness and irritability; sometimes more or less vertigo, and sleeplessness or stupefaction.	Violent headache; head hot; child frequently cries out, "Oh my head!"	Senses become blunted; afterwards sopor, followed by stupor and insensibility.	Complete unconsciousness; sometimes raving.
SKIN	Preternaturally dry; flashes of heat, alternating with chills.	Relaxed and of a dingy-white color.	Dry, or somewhat moist.	Face and head or one side of the body, drenched with sweat, the other cold and dry.
PULSE	Sometimes slackens or intermits, particularly the seventh, ninth and sixteenth beats.	Generally slow and intermittent; occasionally regular.	Irregular and feeble.	Small, weak and wiry; or almost imperceptible.
EYES	Dim; frequently look anxious or amazed, especially on waking.	Painfully sensitive to light; turned up; wandering look pupils contracted, sometimes exceedingly variable.	Turned down, inward or outward; pupils dilated; visual power feeble; vision double or perverted; corner dim and blurred; eyes half closed.	Pupils generally greatly dilated, but sometimes very much contracted.
FACE	Alternately red and pale. Unhealthy color.	Pale, sunken or swelled.	Paroxysmal flushes of the face.	Bluish or virlaceous hue.
TONGUE	Moderately furred and quite moist.	Dirtyish-white or brown coat.	Still moist.	

MUSCULAR SYSTEM.....	Loss of tone; gait awkward and heavy; easily exhausted.	Pain in the limbs. Emaciation.	Great debility and emaciation.	Convulsions followed by paralysis; head drawn back, with great distortion of face and limbs; waving of the unpalsied hand.
STOMACH	Irregular appetite; occasional vomiting.	Appetite lost; vomiting most generally of bile.		
ABDOMEN & BOWELS	Sometimes tumid; alternate attacks of diarrhœa and constipation; unhealthy discharges.	Abdomen retracted; constipation; stools green or dark-colored; occasional abdominal pains.	Alvine discharges arrested.	
URINARY ORGANS.....		Urine greatly diminished and high-colored; turbid, with whitish sediment.		Involuntary evacuations. Urine voided involuntarily; deep yellow color.
ATTENDANT SYMPTOMS	Listlessness and drooping; paleness; loss of flesh; dry cough. Symptoms during this stage often intermit, coming on about the same hour every day, so as frequently to be mistaken for those of worm fever. Very young children are exceedingly restless, sensitive to light and noise, frequently scream out suddenly, refuse the breast, bend the head and trunk backward, or grasp at the head as if in pain, exhibiting at the very outset, the symptoms of the second, or full-formed stage.	Great restlessness and anxiety; carotids throb violently; tenderness of the abdomen; breathing hurried, and interrupted by moans; patients cry out and grate their teeth; decubitus on the side, with hand to the head; unquenchable thirst. Duration from a few hours to a week or more.	Grasping and picking with the hands; moaning and groaning; foul breath; decubitus on the back. Consciousness sometimes momentarily returns at the close of this period, only to relapse again into complete insensibility. Duration from one to two weeks.	The paralysis characterizing this stage is generally confined to the right side. Deglutition becomes very difficult; inspiration hurried and breath cold; œdema of the feet and ankles. Duration from a few hours to one or two weeks. Duration of the whole disease from two to three weeks.

TREATMENT. The remedies which will be found most useful in the early stages of acute hydrocephalus are: ACONITE, BELLADONNA, GLONOINE,* and MERCURIUS. *Bell.* alone, or the alternate use of *Acon.* and *Bell.*, or *Bell.* and *Glo.*, in the first and second stages, and of *Bell.* and *Merc.* in the second and third, with proper attention to hygienic influences, will often prove successful in arresting this very formidable disease. The special indications for the employment of these and other suitable remedies, have already been given under the heads of *Cerebral Hyperæmia* and *Meningitis*, whose symptoms correspond to the curative stages of this disease, and to which reference should be made for the requisite treatment. Nor, considering the scrofulous nature of the affection, should the remedies suitable to that condition, mentioned under *Scrofula* and *Tuberculosis*, be overlooked.

ACUTE TETANUS.

The following account of a case of Acute Tetanus, resulting from an extensive burn, successfully treated with amyl-nitrite, is taken from the *Phild. Med. Times:*

In view of the excellent effects obtained by the use of nitrite of amyl in epilepsy, angina pectoris, etc., it was determined to try the virtues of the same drug on the contraction of the muscles in case of tetanus, and to try it alone, without the intervention or administration of any other medicinal agent. Nitrite of amyl had been used previously in only three cases of acute tetanus, and each case terminated successfully; but other and well-known agents were at the same time administered. This case is the first in which amyl-nitrite has been used alone, and successfully, and its action recorded. It was first administered on the evening of the sixth day after the accident, and about forty hours after tetanus first discovered itself. Before the three drops had half evaporated, the heart's action became more quiet; and at each inhalation of the amyl afterwards it was generally observed to have a quieting effect on the heart's action. Towards the latter part of the treatment the pulse was among the eighties, although on giving the patient five drops on April 4, six days after he had ceased to inhale five drops twice daily, the heart's action was 132 and tumultuous. The eyes were suffused; the skin of the face and neck became very much congested; indeed, the whole surface of the body was more or less congested; but this soon passed away when the amyl was withdrawn. The three drops had scarcely begun to cause congestion when there was evinced a tendency to gape, and a few days after-

* See *U. S. Med. and Surg. Jour.*, vol. i.

wards gaping and yawning both took place at each inhalation until the administration of the drug was discontinued. This gaping and yawning was produced in each subsequent administration of the drug, which was given twice daily. A marked improvement was at once manifested in all his symptoms.

On the 14th, as he had another spasm, the dose was increased to five drops twice daily.

The amyl in the hospital giving out on the morning of the 18th, it was not replaced until the evening of the 20th. During this time he grew rapidly worse; the opisthotonos and the risus sardonicus both returned, and his pulse and temperature rose rapidly. On recommencing the inhalation of nitrite of amyl he felt better almost immediately, and from that time progressed steadily to complete recovery.

On March 29, forty-six days after the first dose of nitrite of amyl was given, the patient appeared to be perfectly well. He could walk about, and eat and drink, and enjoy himself in every way as before the attack, except having a feeling of weakness. The nitrite of amyl was now discontinued; he had inhaled one ounce.

Wegscheider on Normal Digestion in Infants.—In a pamphlet (*Ueber die normale Verdauung bei Sauglingen* (Hirschwald: Berlin). Wegscheider describes investigations conducted in Hoppe-Seyler's laboratory at Strassburg, which consisted in the chemical and microscopical examination of the dejections of healthy infants nourished exclusively at the breast. The following are the results arrived at by the author.

1. The albuminous substances derived from the milk are completely absorbed. [In the text, the presence of traces of peptones is allowed—*Rep.*]

2. The so-called 'milk-detritus' consists essentially of fat, associated probably with remains of intestinal epithelium. It is not undigested casein.

3. The absorption of fats is by no means so complete as that of albuminous substances. A part leaves the intestine, certainly, as soap; another part as free fatty acids; and perhaps a third part as unchanged fat.

4. In reference to the bile-constituents, it is shown that, even in the first weeks of extra-uterine life, the conversion of the coloring matter (through reduction in the intestine) takes place; but, in addition to hydro-bilirubin, unchanged coloring matter is always distinctly present; later, however, its conversion appears to be complete. In slight derangements of the intestine, the presence of biliverdin was unmistakably recognised; produced perhaps by the greater acidity of the accompanying fæcal matter.

5. With regard to cholestearin, the proportions correspond completely to those which have been found in adults and in the fœtus.

6. Of the intestinal ferments, only the diastatic and the fibrin digesting ferment of the pancreas were found; the former in small quantity, the latter only in traces. No pepsin could be detected.

The most important of these results is probably that which relates to the constitution of the 'milk detritus,' *i. e.* the white specks which commonly appear in the stools of infants, and which have been generally mistaken for undigested casein. The reactions may therefore be acceptable. On examination they were found insoluble in water, in acids, and in alkalies. On the contrary, when treated with ether and alcohol, only a minute portion remained behind. This, on the addition of soda, did not dissolve, but swelled up, and was converted into a clear transparent mass, without definite structure.

RALPH W. LEFTWICH, M.D.

BACTERIA.

Dr. Satterthwaite, in a paper published in the *London Med. Record*, says:

1. Bacteria are certain vegetable organisms which belong probably to the algæ; they are found abundantly in nature, but chiefly where there is moisture.

2. They exist in the body in health, covering the mucous membranes from the mouth to the anus, and sometimes appear to penetrate a certain distance into the system, without causing symptoms of disease.

3. They also exist in putrefying fluids, and in various diseased processes, occurring in hot and cold abscesses, in the blebs of erysipelas, and in simple blisters.

4. It is doubtful whether the virulent principle of infective disease is albuminous.

5. This principle does not reside in the perfectly clear fluid which passes through porous clay. In putrid infectious fluids, this appears to be certain. The poison is rendered less virulent by repeated filtrations through common filter-paper.

6. The virulent principle may be boiled for hours, filtered numbers of times in the ordinary way, boiled with alcohol, and again filtered and dried, and yet the watery extract of such a dry residue will produce septic symptoms. It is therefore soluble, or at least suspended in water.

7. The liquid, which is thus poisonous, may be clear to the eye, but contains granules under the microscope.

8. These granules have not produced bacteria in a number of instances when they are placed in a suitable condition to do so.

9. We cannot, therefore, feel that satisfactory evidence has been brought forward to show that in any of the diseases or processes enumerated (anthrax, or carbuncular diseases of the French, sheep pox, small-pox, typhoid and relapsing fever, etc.) minute organisms are the sole and sufficient causes of disease.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

PATHOLOGY OF TUMORS.

BY J. G. GILCHRIST, M. D., DETROIT.

A paper read by the writer at the last meeting (Nov.) of the *Michigan State Society*, having provoked some discussion, (thereby, however, fulfilling its purpose), it has become necessary to correct one or two misapprehensions on the part of some hearers, errors into which they have probably fallen, through no fault of their own. Let me in brief present the points in dispute, and see if we can find proof of their truth.

1st. All tumors supposed to be products of over production of cells.

2nd. In consequence of this, all tumors are peripheral symptoms, and not a disease in esse.

3d. *Benign growths*, are a simple tumor-like hypertrophy of a part, and will be found composed of normal tissue, simply in excess. Over production of normal cells.

4th. *Semi Malignant growths*, are composed of tissue, normal in the body, but abnormal in locality. Over production of normal cells, but misplaced deposition.

5th. *Malignant growths*, are composed of tissue abnormal in every particular; and largely made up of incomplete cells in excessive quantity, and misplaced.

6th. That when a semi malignant tumor is removed and recurs more than once, each successive recurrence shows more and more carcinomatous characteristics, and may ultimately become true cancers.

It may be stated in the outset, that these conclusions have been reached only after long study and experiment, the latter often involuntary,—and by a constant reference to the microscope, and such other tests as the nature of each case would seem to require. Notwithstanding this, it is of course true, that

some of the conclusions were reached by logical deductions from the premises, deductions which seem inevitable, and yet do not in the nature of the case, admit of a perfect, accurate, scientific demonstration. This can be illustrated by referring to the last number (Feb. 1,) of the *North. Am. Jour. of Hom.*, on page 337, *et seq* : Dr. FORCHHEIMER in an elaborate article on "*The Epithelial origin of Cancer*," starts out by classing epithelioma among the carcinomatous tumors; other surgeons are generally agreed in placing it among the semi-malignant variety. Be that as it may, he has proved that these morbid growths are due to an *internal proliferation of epithelial cells*, induced by external pressure, and irritation. The familiar example of epitheleina of the lip, occurring so frequently among smokers, is adduced, and the case supposed to be made out. Now many of my opponents accept this doctrine, and imagine they have a case *against* me, whereas the *reverse is true.*

Here there comes in an admissable logical deduction, without capability of scientific demonstration, viz: Pressure and irritation, now and then, promote internal proliferation of epithelial cells, but if that is the true cause for these tumors, ALL *smokers should suffer.* Do they? We must look farther. The tumor existing, therefore, only exceptionally, we are justified in believing there is a constitutional vice or dyscrasia at the bottom, which only assumes the tumor character upon an exciting cause at a favorable point. Here, then will be part of our case made out, viz: the semi-malignant form of tumor, in the case of epithelioma at least, is due to over production of normal cells, but misplaced deposition; the latter fact being amply shown by the gradual disappearance of normal tissue as the epithelial cells advance deeper into the part.

Benign tumors, are found composed of tissue, similar, indeed identical, to the normal tissue of the part. The various cystic growths are the only exception to this rule, and even here we find a simple hypersecretion of already existing fluids,

with a corresponding enlargement, and in some cases, thickening of the cystic envelope. Even these comparatively harmless bodies, must have a constitutional, so to speak, origin, because the causes recognized as operating for their production, occur to all of us more or less, yet by far the large majority of us escape any such formation. The ordinary typical sarcoma, is a case in point. So clearly do some of the main characteristics resemble carcinoma, that many surgeons place these tumors along with the semi-malignant class. The great resemblance is their rapid growth and frequent recurrence. Now of all the structures in the body, visible to the eye, the muscular system grows or recuperates with perhaps the greatest rapidity; the more use, short of fatigue, the greater the waste and the greater the repair. Sarcoma growing rapidly from a greater activity in this direction, muscular tumors, being an excess of this function, grow more rapidly than tumors less favorably situated, and earlier demand removal, in the opinion of patients and mere *operative* surgeons. Hence they are frequently excised while still receiving new accessions, and of course return. Frequent recurrences stimulate an already too active function to increased production, and we soon find the cell-structure becoming more and more imperfect, partially developed, and the stroma or connective tissue degenerating into something more and more rudimentary, until, at last, it closely resembles embyronic tissue, and presents many of the appearances of encephaloma, or medullary cancer. These tumors are now found to have a cellular structure, closely resembling the semi-malignant group, inasmuch as cells appear that are not normally found in muscular tissues.

As examples of the *semi-malignant group*, it is necessary to simply call attention to their character: Fibrous and Fibro-cellular, and Cartilaginous. These tumors appearing in structures that normally do not contain their elements.

It seems impossible to deny that inasmuch as local injury,

pressure, irritation and the like, are invariably the direct visible cause, and yet not one in a thousand who are thus injured ever have a tumor developed, that there must be a remote cause, and that cause one of mal-assimilation. That there is an over-production of the cellular elements entering into the composition of a tumor, seems to be a natural inference deducible from the fact that other tissues composed of these same elements *do not seem to be suffering from their loss.*

The character of these tumors will be conceded to be as I have stated, I think, and it rests with those who object to the deductions, to offer something more reasonable based upon the same facts. The trouble seems to lie in my want of clearness, perhaps, as all my reading has only tended to corroborate my former conclusions. Pathologists admit the plus of elements, but consider it a local affair. If they are correct, removal of the tumor and adjacent parts *should* cure the case. How seldom this is successful, we all know too well.

We have spoken of the two simple forms of tumors, and it is now necessary to glance at the third, or carcinomatous group, and then see if our case can be made out in other points deducible from the facts already presented.

In the outset it will be well to have a clear understanding of terms. Judging from the articles in many of our periodicals there seems to be much unnecessary confusion in this particular. As long as the cancer exists as an indurated *tumor*, it is called scirrhus, and becomes carcinomatous when the second or ulcerative stage is set up; at least this is the way we interpret the writers. Surgeons, however, have generally adopted a different nomenclature and classification, which has the sanction of long use, if no other advantage be derived from it. Until recently five distinct varities of cancer were recognized, *carcinoma* being a term applying to the whole subject of cancers, including all the varities. At present we recognize but four varities of carcinomatous tumors, *viz: Scirrhus, Encephaloma, Colloid,* and *Melanosis.* All these varities are characteriz-

ed by being composed of tissue, unlike, in every respect, the tissue of the part. *Scirrhus* and *Encephaloma*, both ulcerate and destroy life by exaustion, or implicating adjoining parts and organs in the carcinomatous degeneration. *Colloid* and *Melanosis* rarely, if ever, ulcerate, but destroy life by encroaching upon organs where healthy action is essential to the prolongation of life. *Melanosis*, also, is usually met with as an infiltration into normal structures, rarely being observed in the form of a true tumor. The ulcerative stage in either of the varities bears no possible resemblance to the other. So much for definitions.

As to *structure*, there will probably be no dispute, it being admitted, on all hands that the multiformity of cell structure is markedly diagnostic. We may not find a pathognomonic cancer cell, but we do find a wonderful variety of cells, representations of nearly all the forms of normal cell, with free nuclei, and fragment of cells and nuclei. What *can* this indicate but an over activity in cell genesis? Such we consider it, and the microscope seems, to this extent, to afford proof of our fifth point, viz: An over production and abormal deposition of cells, which are, also, but partially formed; in other words immature. Now while in the semi-malignant group we find the same abnormal deposition of cells, it is only of *one*, or at most, two forms; in the malignant we find a number of forms. In the first, we may find cartilage cells in muscular tissue; in the latter, cartilage, epithelial, etc.

The last point demanding attention at present is, the constitutional nature of the tumor or ulcer. In addition to what has been said, on this point, in connection with the other forms to tumor, it will be of interest to notice the statistics given in *Guernseys Obstetrics*, drawn from many sources. The gentlemen quoted, Velpeau, Lebert, Paget, Libbey, and Cooke, consider the number of cases giving unquestioned evidence of a hereditary origin, vary between one in twelve, to one in four. That it is a dyscrasia we may refer to the fact, for such we be-

lieve it to be, that in cancerous families there seems to be a remarkable predisposition to the development of phthisis where cancer does not develope ; or vice versa. To quote from *Guernsey*, (p. 686) : "Thus it happens that *cases of cancer, which cannot be traced to any cancerous affection in other members of the family may be referred to a strongly pronounced* hereditary predisposition to phthisis ; and, commonly, cases of phthisis are seen to grow out of dyscrasia, which in other relatives, branches, and members of the same family, have been developed as true, malignant, fatal cancer." If, in addition to what has been so briefly said, (brief, as our space is necessarily limited), we remember that in cancer cases we find first a mental depression, gloomy and despondent, *then* a dyspeptic condition, growing out of this, and only *after this the cancer*, we think it will be very plain, by another one of those legitimate deductions, that cancer is a symptom, and not a disease.

The great value, after all is said, of a knowledge of the pathology of our cases, is seen in this one class of diseases. Without it we do not know what to look for in treatment, what to guard against, or what to hope for. It has happened more than once that a case was supposed to be incurable, simply because it looked formidable, but was considered more hopefully when we came to understand the nature of the forces at work, and thus could plan a campaign with some inteligent promise of success.

CONGENITAL PHIMOSIS.

BY EUGENE R. SMITH, M. D., EDGEFIELD, TENN.

Sometime in September, 1874, I was consulted by C. W. S., aged 30, as to the propriety of having the operation of circumcision performed. Upon examination I discovered a well defined case of Congenital Phimosis, and gave it as my opinion that circumcision should be performed in preference to slitting up the prepuce, or dividing the tightened mucous membrane at several points as recommended by Cullerier.

The patient having consented, was immediately etherized, and the plan as recommended by Dr. Franklin carried out, viz :

The extremity of the prepuce was grasped with a pair of forceps, held by an assistant, and drawn forward in advance of the glans ; the projecting prepuce was then seized with a pair of narrow bladed polypus forceps, and with one sweep of a bistoury, all the portion projecting beyond the forceps was cut off, leaving the mucous membrane intact, and closely adherent to the glans. This was slit up with a probe—pointed pair of scissors, the angles clipped off, and the mucous membrane turned back and secured with five sutures, two on either side, and one at the frænum.

The hemorrhage was slight, not more than one or two teaspoonfuls of blood being lost. Calendula dressing was applied, and *Arnica* 3*x* administered, dose every four hours. His recovery was rapid, being entirely well in two weeks; and the fact of his marriage in a month from the operation, is sufficient evidence I think, of a permanent cure.

On the Primary Union of Wounds.—The most important point is to trim the lips of the wound smooth, and then place them exactly in apposition, and maintain them so until adhesion takes place.

" M. Trebat says if the patient is weak, if primary or secondary hemorrhage is threatening, still more if a foreign body exists, in the wound, is anfractious, if apposition is impossible, if the flaps non vascular, poorly nourished are ready to mortify, in these cases one can only at best try partial union at the circumscribed part of the wound.

If I were to make a *resume* in a few words of the indications for primary union, I would say to you try it always whenever the close apposition of the deeper parts is possible ; it is an indispensable condition without which all your efforts will fail.

Coaptating Wounds.—In treating wounds always bring the edges

in close contact, no matter how many sutures you take, and be sure to remove all clots of blood or other accumulation from the wound before doing it up. Then leave a good drainage point in case any discharge occurs from the wound and you will be rewarded with a quick union in nearly every case, no matter whether you put an external dressing or not. Of course nourishing diet must be kept up to favor union.

Oakum Dressing.—"In Norway they employ tarred oakum for dressing wounds, the bandages and other portions of the dressing being impregnated with Acetate of Alumina."

Violent Uterine Hemorrhage.—Was recently arrested by Dr. Schmidt, in a case where the abdominal walls were very flaccid, by compressing the abdominal aorta. This seems to be a good procedure as a temporary expedient, until a retained placenta can be removed, or in those cases of sudden violent post-partum hemorrhage. The object aimed at here would seem to be the maintaining of a sufficient quantity of blood in the vital organs, while the parts have an opportunity to take on contraction where the loss of blood is occurring.

The Removal of Foreign Bodies From the Eye.—The removal of steel-filings and other foreign bodies from the eye on an emergency may be easily effected; says an exchange: By taking some dry, soft, white silk waste winding it around the end of a piece of whalebone or wood of small diameter, so as to make a delicate eye-swab.

Then brush this little instrument horizontally backwards and forwards over the corner where the foreign substance is visible, when it will become entangled in the silk meshes, and be withdrawn. It will be necessary to steady the eye with the index and second finger of the other hand in most cases, while the head is securely held by another person.

NOVEL OPERATION FOR VARICOSE VEINS.

Oftentimes the veins become so much enlarged in the lower extremities, and so painful to the patient, that the patient is willing to undergo almost any operation which is likely to afford him relief from his distress and suffering. Mr. John Marshall of the University Hos-

pital, London, recently operated upon a strong, laboring farm hand, a man 38 years of age, as follows:

After standing for half an hour, with a carbolized cloth around the left leg, the patient was put under chloroform, and I then, he says, marked on the skin with ink, the course of the turtuose vein below the left knee, for about nine inches. At each end of this mark I ligatured the vein by means of a pin passed under the vein, with a piece of bougie and a figure-of-eight suture over the vein; two other similar ligatures were placed above the upper one at a distance of two inches apart, and a fifth ligature was placed two inches below the lower one. The pins, bougie, and threads had all been previously carbolized.

The Esmarch elastic bandage was then applied to the whole limb with the effect of completely emptying the varicose veins, even in the intervals between the several pins. I then made a straight incision through the skin from the top to the bottom of my tortuose ink-mark, and with a director and knife slit up the vein along the whole of the exposed portion. As the vein then formed a very large, irregular folded mass at the bottom of the wound, I passed a ligature round it above and below, and *removed* it *entirely* with forceps and scissors, cutting through two large veins opening into it. A strip of carbolized gauze was then placed in the wound, and the limb put up in the complete antiseptic dressing. The operation was done under the carbolized spray. I may here observe that there was no bleeding whatever during the operation."

NÆVI REMOVED BY ELECTROLYSIS.

The medical superintendent of galvanism to St. Mary's Hospital, London, S. J. Knott, Esq., relates 40 cases of Nævi successfully treated by this method. With a continuous battery such as is generally used for Electrolysis, he uses for small Nævi one or two needles to the negative pole and one to the positive, but if the growth is large he uses several needles to the negative cord, and uses charcoal points to the positive, the needles of course being inserted into the tumor. Soon decomposition commences, bubbles of gas pass by the side of the needles, a clot forms, the Nævi turns to a bluish white. Eventually fibrous degeneration occurs in this clot, and a cure results.

Pædonosology.

THOMAS NICHOL, M. D., L L. B., MONTREAL, CANADA, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

NO. XVI. ATELECTASIS.

But little mention has been made of this morbid state in the literature of our school, and almost the only reference I have been able to find is in the work of Henry N. Guernsey, M. D., entitled "The Application of the Principles and Practice of Homœopathy to Obstetrics and the Diseases peculiar to Women and Young Children," where this well-marked and well-known pulmonary disease is gravely stated to be the cause of the induration of the cellular tissue occasionally noted in young children. "The infants in whom the induration of the cellular tissue is developed, are weakly and often premature; and the difficulty is thought to result from imperfect expansion—*atelectasis pulmonum*—or from subsequent collapse of the lungs. In many instances a livid redness of the whole surface is obvious from birth; but the appearance of a circumscribed hard spot on one or the other extremity, or on some prominent part of the face, as the end of the chin or the cheek-bone, is the first sign of the commencement of this affection. Other spots of a similar kind are soon discovered on different parts of the surface; and the body generally, and the hardened spots in particular, are found to present a temperature much below the natural warmth of the body" (1st Ed., page 712). I need not remark there is no necessary connection between Atelectasis and induration of the cellular tissue, and that their co-existence in any given case is a mere coincidence. Twelve or fifteen years ago even well informed writers were free to admit that the precise pathological value of this condition of the lungs was far from being settled; but now, thanks to the labors of such pathologists as Rindfleisch, Hasse and Hertz, we know atelectasis almost as well as we know pneumonia or bronchitis.

Atelectasis—also called *apneumatoses*, *pulmonary collapse*, and *etat fœtal*—is that morbid state of the lungs in which, from the continuance or return of the fœtal state, the pulmonary cells of the inferior lobes of one or both lungs, and the posterior portions of the upper lobes are either very much diminished in size or entirely obliterated. As a result of this diminution or obliteration the expansion of more or less of the lung is imperfect or completely absent, and the power of expansion is in exact ratio to the amount of diminution or obliteration of the pulmonary cells; and it must be noted that this defect of expansion does not arise from the filling of the air-cells with fluid, but from an actual diminution of their calibre. Hasse defines atelectasis to be "a permanence of the fœtal state in the lung of the new-born infant."

There are three distinct varieties of atelectasis,—*congenital atelectasis*, *acquired atelectasis*, and *atelectasis from compression*, The first variety, *congenital atelectasis*—the *etat fœtal* of the French writers,—is simply the continuance after birth of the state of lung which is strictly normal during fœtal life. All lungs are atelectatic during intra-uterine life; but when this lack of expansion and of expansive power continues after birth, it becomes pathological. The second variety, the *acquired atelectasis*—also called obstructive atelectasis and collapse of the lung,—is well defined by Dr. J. F. Meigs, of Philadelphia, to be "a return of the lungs to their fœtal or unexpanded state;" and it must be noted that this return of the lungs to the fœtal state does not result from alteration of structure, but from a more or less complete collapse of the pulmonary tissue. "A portion of the lung, however, which has been perfectly expanded, may also, later in life, lose its capacity for air. This takes place, as a rule, by a sort of resorbing process in those portions of the lung which are shut off by the occlusion of their bronchi. The walls of the alveoli collapse and lie against one another, as in the fœtal state; this is acquired atelectasis."

(Hertz.) Lastly, we have *atelectasis from compression*, which results from external pressure forcing out the air from the alveoli and lobes of the lungs. Among these external agents may be mentioned pleuritic effusion, hydrothorax and empyema, or the much rarer instances in which enlarged bronchial glands press upon the bronchi.

At the present time, Atelectasis is almost universally considered to be a morbid state dependent either on restricted functional development at the period of birth, or to a return to the fœtal state due to a closure of the smaller bronchi by plugs of tenacious mucus, resulting from a chronic or subacute catarrh of these bronchi. It was at one time held that the entire morbid state was a result of inflammatory action; but it is now distinctly understood that the only connection it has with inflammation is that which I have indicated. It will be noted that in all the varieties of the disease, there is no organic defect of formation in the respiratory organs.

Though atelectasis had long been observed in the newborn, it was universally looked upon by the older writers, especially by Valleix, Grisolle and Billard, as being a true congenital pneumonia. In 1832, Dr. E. Jorg, of Leipsic, pointed out the true nature of the disease as being "a residue of fœtal life, and is the result of imperfect respiration, that is, as an incomplete expansion of the lungs with air." Next Hasse, of Zurich, supplemented the masterly investigations of Jorg, clearly pointing out the diagnosis between atelectasis and various inflammatory lesions. By the way, Hasse asserts in a note to his article on atelectasis, that "the explanation was given by J. C. G. Jorg (Professor of Midwifery, at Leipsic) in 1831, and published by his son, E. Jorg, M. D., the year following." Then in 1844, Legendre and Bailly observed a similar morbid state in older children, and maintained that it was not a remnant of the fœtal state, but a true return to that condition. Finally, our knowledge has been greatly expanded by

Dr. Charles West, of London, Dr. W. T. Gairdner, of Edinburgh, and numerous French writers, especially Rilliet and Barthez.

Cases of genuine inflammation of the lungs in young infants are somewhat rare, although, under certain circumstances, pneumonia becomes almost epidemic with the newborn. Catarrhal pneumonia is more common than the croupous form of the disease; but still there is a good deal of force in the dictum of Hasse, "The greatest number of cases of pulmonary disease occuring at the earliest period of infantile life, and set down as pneumonia, may be looked upon as cases of atelectasis." Atelectasis, then, is very much more common than is generally supposed; and Dr. Rees, of Philadelphia, mentions that certainly half of the cases of this disease, in his own practice, occurred in twins, and that they were all born in a more or less asphyxiated condition.

The causes of this morbid state are somewhat various, and we are still in the dark as to the precise *modus operandi* of some of them. Dr. E. Jorg's views as to the etiology of *congenital atelectasis* are thus given by Dr. Charles West: "Dr. Jorg has attributed great importance to precipitate labor as a frequent cause of its occurrence, and has suggested a somewhat fanciful theory to explain its mode of production. He conceives that one grand use of the uterine contractions is gradually to enfeeble the circulation through the placenta, and thus to induce in the fœtus that *besoin de respirer*, which shall excite the complete establishment of respiration immediately on its birth. If, however, by the very rapid course of labor, the child should be born while the fœtal circulation is still going on with unimpaired vigor, the want of air will not be experienced by the child, and its attempts to breathe will be feeble and imperfect." Perhaps one of the most efficient causes is a primitive debility of the infant, the result of any cause which has interfered with its normal development, and among these cause the feeble health of the mother, is the most promi-

nent. Or the debility of the infant may be an acquired debility resulting from the operation of any causes which hinder the proper performance of the respiratory act, as exposure to cold or the action of too tight clothing. Dr. Fleetwood Churchill assigns as a cause, "defective nervous energy, in consequence of compression of the head during its passage through the pelvis, inducing a degree of asphyxia." "The causes assigned for this affection are, a very rapid and easy delivery, or too strong compression of the head of the child during parturition,—both of which circumstances are common causes of asphyxia in new-born infants,—or, when respiration does take place, they prevent it from being sufficiently full to dilate the whole of the texture of the lungs; and hence, give rise to the disease under consideration." (Condie.) Dr. J. F. Meigs gives the following case as an illustration of this cause: "In one case that occurred to myself the only explanation of the condition which seemed at all plausible, was that the placenta had been separated from the uterus at too early a period of the labor, in consequence of the violent and rapid character of the latter, so that the child was for a short time before birth cut off entirely from its connection with the mother,— a time sufficient so to lower its vital forces, as to bring on a condition resembling syncope, and to deprive it of the muscular strength necessary on entering the world, to produce a full expansion of the thoracic cavity, and so, of course, to effect a dilation of all parts of the lungs." Perhaps the dictum of Dr. Charles West is the best worthy of attention:—"When from any cause whatever, the establishment of respiration at all has been attended with difficulty, there is a very great probability that its establishment will never be complete; but that some lobules only will receive the air, while it will not penetrate into other parts of the lung."

As to the etiology of *acquired atelectasis*, or collapse of the lung, there are two grand causes which lie at the back of nearly

all the cases. They may be briefly defined to be any morbid state of the bronchial tubes which prevents the easy passage of air; and a defect of energy in the complicated nervous and muscular apparatus by which respiration is carried on. Dr. W. T. Gairdner gives as another cause, "inability to cough and expectorate, and thus remove the obstructing mucus;" but this is clearly included in the second of the above-mentioned groups of causes.

Dr. Hertz gives the following admirable summary of the causes of *atelectasis from compression:* "Atelectasis from compression is caused by the pressure of fluid in the pleural sacs; by pleuritic effusions, empyema, and hydrothorax; also by pneumothorax, of which we can most easily convince ourselves by opening a pleural cavity in an animal. This condition is also found with an accumulation of fluid in the pericardium, hypertrophy of the lungs, tumors in the thorax, aneurisms, large tumors in the lungs, distortions of the spine, rachitical deformity of thorax, fluid effusions, and large tumors in the abdominal cavity, as well as a high degree of tympanitis, whereby the diaphragm is pressed upwards."

N.

ON SANTONINE AS A CAUSE OF URTICARIA.

BY E. H. SIEVEKING, M. D.

"I recently prescribed for a little patient of four years old three grains of Santonine with five of sugar, which were given to her with her tea; and the nurse was of opinion that she could not have taken the entire dose, as the cup was not emptied. Very soon afterwards, vomiting, accompanied by a severe rash, described as urticaria, and covering the greater part of the body, set in. I saw her soon afterwards, and found her somewhat prostrated by the attack, but otherwise presenting no unusual symptoms. As, on enquiry, it appeared that some error in diet had been committed, I was not disposed to attribute the effect to the Santonine, and therefore ordered the dose to be repeated on the following day. Almost directly

after taking the medicine (and this time again, it is probable that only a portion was taken) a white wheal appeared on the nose, surrounded by an erythematous blush; and a similar eruption rapidly covering the body. Violent vomiting set in, but unaccompanied by abdominal or other pain, or by purging; and the entire face became swollen. This swelling attained such a height, that when I reached the house, within a quarter of an hour of the commencement of the symptoms, the child's face was disfigured to such an extent as to make her almost unrecognizable. The lips, from which some viscid saliva was still issuing, were swollen to an enormous size, glistening from the enormous distension. The nose, at other times a delicate feature in a sweet little face—was enlarged to the size of a negro's; and the eyes were almost closed by the same condition of the lids. The intellect was unimpaired; and there were no spasmodic or other symptoms referable to the cerebro-spinal symptoms. I at once placed the child in a warm bath, which soothed her; and within an hour the œdema and the rash had for the most part disappeared. No further bad result followed; but, on the contrary, although no vermifuge effect was noticed, the child's appetite and general condition were improved on the following day, after a night of sound sleep."

The author goes on to say that a chemical analysis proved it to be a pure article of Santonine, and to that only could the above effects be ascribed.

This poisoning is of interest to us homœopaths as showing that dosage is an element of the resulting phenomena.

In Hahnemann's proving of *Cina*, we find urticaria hinted at in the following symptoms:

"Prickling, itching tingling sensation in different parts, going off by scratching."

"Violent itching in the night, in different places of the skin."

"In the evening, eruption of red, itching pimples, disappearing speedily."

"Translucent rash."

The group brought out by the Santonine poisoning is, however so markedly objective and so complete in concomitants that it suggests the homœopathicity of this remedy in poisoning from the edible mollusca. Indeed the close resemblance of the Santonine effects to muscle poisoning is commented upon by Dr. Sieveking in his report of this case.

S. A. JONES.

Materia Medica.

S. A JONES M. D. ENGLEWOOD, N. J. EDITOR.

ENGLISH MEDICINAL PLANTS.

BY E. B. IVATTS, DUBLIN.

—[No. 1.]—

AUTHORITIES.

T. *Turner, M. D., 1568*—L. *Langham, M. D., 1579*D.—*Dodoens* (*Lyte's translation*), *1619*—G. *Gerarde* (*Johnsons*), *1636*—P. *Parkinson 1640*—C. *Culpepper, M. D., 1653*—Col. *Cole's Adam in Eden, 1657*—Pec. *Pechey, M. D., 1694*—S. *Salmon M. D., 1710*—T. *Tournefort, M. D., 1719*—Q. *Quincy, M. D., 1720*—Mr. *Miller, 1722*—K. *Keogh, A. B., 1735*—H. *Hill* (*Sir. John*) *M. D., 1751*—M. *Meyrick, Surgeon, 1789*—Th. *Thornton, 1810*—W. *Waller, 1822*—Gn. *Green, 1824*—P. U. *Pharmacopœia Universalis, 1831*—Ln. *Lindley's Flora Medica.* All. *means that all or most of the writers agree in the use of the plant for a particular symptom or disease.*

We believe a great source of wealth to Homœopathy lies hid in the musty volumes of the old Herbalists. These Herbalists in their day were the recognized physicians of their time, and must therefore have had experience in the use of English plants. As times changed, the use of drugs changed, new physicians probably paid attention to new drugs, as the old physicians died out the use of the old plants died with them. Massive doses possibly led to over action, and many physicians discarded remedies they became convinced from observation were injurious to their patients, preferring to try a new nostrum of whose physiological action they were ignorant.

The Homœopathic law comes to our aid to take up matters where they were left by our forefathers. The writer at considerable expense and labor has collected all the known old botanical books, and herbals with the view of working up ex-

haustively this source of information, as to the reputed virtues of British plants. The experimental Homœopath will thus have ready to his hand in compact form all that was known in the past of the virtues of various plants. The diffusion of this knowledge is likely to lead to further observation, and the discovery of more accurate knowledge as to the special uses of many plants in the cure of disease.

As one journal cannot devote sufficient space to articles of this nature, similiar articles to these are appearing in Dr. Ruddock's Homœopathic World, so that the publication may be more rapid. During last year the following plants appeared in the *World*—Erythræa (centuary)—Eryngium Maritimum, (see Holly—Symphitum (comfrey)—Glechoma Hederacea (ground Ivy)—Marrubium V. (white Horehound)—Viscum Album (Mistletoe)—Achillæa Millefolium (Yarrow)—Betonica (Betony)—Cochlearia (Scurvy Grass)—Tussilago Farfara (Coltsfoot)—Salvia Officinalis (Red Sage).*

The two following plants have been selected owing to their having already obtained some repute with Homœopaths by their insertion in Dr. Hale's New Remedies, 4th edition. Other plants will be similarly selected, but should any of our readers desire any particular plant to be selected. every consideration shall be given to their suggestions.

PLANTAGO MAJOR.

(*Plantain or Waybreed.*)

Botanical Description,—Leaves egg-shaped, smooth, on longish stalks; flower stocks round; spike long, and tapering; seeds numerous—root of long fibres; leaves broad with seven ribs; stock from nine to eighteen inches high, somewhat rough, with short hairs—Perennial.—Flowers in June and July.—*Macgillivray's British Plants.*

*We propose reprinting the whole of these as fast as space will permit.—General Editor.

GENERAL.—All. Hemorrhages, cooling, drying, and astringent, green wounds, foul ulcers —W. *Etmuller* — a plant of many virtues—W. Bruises, dissolves extravasated blood—P. T. S. L. D. Inflammations, with great heat—P. T. S. Col. Burns and scalds—P. S. C. Col. Stops inflammation and swelling in dislocations—L. D. Syphilis—P. S. C. Col., L. D. Gout—L. D. Inflamed swellings (leaves)—T. L. D. Wens, kernels in neck, and behind ears—D. Scrofula—L. Boils—Gomer Passions?—P. L. Vein broken inwardly—T. L. Erysipelas—T. L. Carbuncles — P. T. S. C. Col. Dropsy, Epilepsy (water plantain)—L. Whitlow—S. Th. Col. L. Augue— L. The Plague — L. To cause speech hold juice under tongue—P. S. C. Tn. Col. Madness—P. C. Col. Seed most astringent. Gn. Seeds exceedingly mucilaginous — Tn. Vulnerary, Febrifuge and astringent—losses of blood —Th. Inwardly used where a bruise produces spitting of blood—S. Convulsions.

SKIN.—L. D. Syphilis—D. Scurvy—L. Boils—Gn P. S. C. Col. Eruptions—L. Blaines, blisters, plouks, pushes, wheals, pimples, ringworm, scald head, swine pox — L. Tetters.

FEVER.—Tn. Intermittents — Gn. *Bergius*, Tertian, Intermittents—L. Thirst great—P. T. C. L. D. Tertian and Quartan.

SENSORIUM.—P. S. C. Tn. Col. Madness.

HEAD.—L. Diseases of head—P. S. C. Col. L. Headache.

EYES.—All. Inflammation (dropped in)—Tn. *Camerarius*, Inflammation, S. Clouds and films—T. Watering sore eyes.

EARS.—All. Pains (dropped in)—P. S. Col. Deafness—T. Swellings behind ears.

NOSE.—All. Bleeding.

JAWS AND TEETH.—D. Bleeding of gums—P. T. D. Toothache—T. S. L. Sore gums.

MOUTH.—G. P. T. S. C. D. Ulcers (gargle—Col. Diseases of mouth and tongue—P. S. Q. C. Col. Bleeding of or from mouth.

THROAT.—L. Uvula pains, quinsy—S. Tn. All. Maladies of throat (gargle).

STOMACH.—G. P. S. Col. D. Stops vomiting—L. Colic—S. L. Dyspepsia—Mr. L. Vomiting of blood—S. Indigestion—Gn. pains in stomach (highly commended).

HYPOCHONDRIA.—All. Jaundice, obstruction of liver and kidneys—W. Diseases of kidneys and ureters—G. L. D Ulceration of kidneys—S. Obstructions of spleen.

ABDOMEN.—Col. L. Colic—P. S. C. Col. L. Worms—P. S. C. Ulceration of Intestines.

STOOL.—All. Diarrhœa, blood diarrhœa, hæmorrhoids — Th. Tn. Dysentery.

URINE.—All. Bloody urine, ulceration of bladder—M. Pec. W. *Ray* powerful diuretic—L. Diseases of bladder—Tn. *Simon Paulli* (with sarsaparilla). Bloody urine with Gonorrhœa—Mr. Pec. Involuntary flow of urine—P. S. Foul urine—S. Stranguary.

MALE G. ORGANS.—L. Diseases of Testicles—Mr. Pec. L. Gonorrhœa—G. P. C. Ulcers generally—Mr. Burning in making urine in Gonorrhœa.

FEMALE G. ORGANS.—All. Profuse hemorrhages—Amenorrhœa—G. T. L. Womb affections—Th. M. L., Tn. Fluor Albus—Th. Pec. Tn. Prevents Miscarriage—G. P. C. Ulcer. generally.

CHEST.—All. Spitting of blood, consumption, and consequent cough—L. Expectoration—T. L. Breath short—S. L. Catarrh—L. Heart affections—P. C. Col. Cough that comes with heat—Th. Tn. *Tragus*—consumption.

LEGS.—L. Feet frozen, knees swollen, ext.—Col. L. Feet swollen with travel, etc.

Tournefort—Simon Paulli.—The root of this plant taken fresh out of the ground and gently scraped with a knife, then put into the ear cures the toothache like a charm as has often been observed.

Thornton.—It is curious that it is the chief remedy for the cure of the bite of a rattle-snake, for which discovery an Indian (query, Negro Cæsar), received a great reward from the assembly of South Carolina.

Parkinson—"*Erasmus*—In his *Colloquia*, reports a pretty story of the toad, who being stung or bitten by a spider sought out plantain and by eating thereof, was freed from the poison." In India the writer was told a similar story of the Mungoose and Cobra, but without learning the particular plant the Mungoose eats to free itself from the Cobra's poison.

THLAPSI BURSA PASTORIS.

(*Shepherd's Purse.*)

Botanical Description.—Pouch inversely heart-shaped, somewhat triangular, root-leaves pinnatifid, hairy; stem branched about a foot high; flowers small, white corymbose—Annual. Flowers from March to November.—*Macgillivray's* British Plants.

GENERAL.—All. Hemorrhages, green wounds, cold, dry, and binding—W. Vulnerary—W. Refrigreant—S. W. Internal hemorrhages—G. P. C. S. Col. W. Erysipelatous inflammation—K. Tn. Col. Agues—L. Col. Ulcers and sores—Col. Swellings, sores with rheumatism—C. T. Hot inflammations and burnings—K. L. D. Said to stanch blood if it be but holden in the hand or carried about the body—G. P. Q. Pec. Tn. Closes up lips of wounds, stops bleeding in *Simon Paulli*, *Seberius Taberuæmontanus*, spitting of blood and Gonorrhœa.

SKIN.—W. Eruptions—L. Col. Shingles (ointment).

FEVER.—Pec. L. W. Fevers—Q. Quartan and Tertian.

HEAD.—Col. Wounds on head (salve).

EARS.—P. C. L. T. Col. Abscess—S. Sores.

NOSE.—All. Bleeding.

JAWS AND TEETH.—W. Ulcers of gums—L. Toothache.

MOUTH.—W. Ulcers—S. Bleeding.

STOMACH.— Col. Heat of stomach.

HYPOCHRONDRIA.—P. C. Col. Jaundice.

STOOL.—All. Diarrhœa, bloody diarrhœa—K. Q. Pec. Tn. S. Dysentery—L. Bleeding of Hæmorrhoids.

URINE.—W. *Geoffroy, Mayerne*, specific in bloody urine—All. Bloody urine—L. Col. Stranguary—L. Col. Provokes—L. Excess of urine.

MALE ORGANS.—W. Tn. *Geoffroy.* Gonorrhœa.

FEMALE ORGANS.—All. Singularly efficacious in excessive hemorrhages and profuse floodings—K: Prevents miscarriage.

CHEST.—All. Spitting of blood—L. Col. Shortness of breath.

BACK.—L. Chafing of flanks (lotion).

Tournefort.—"The French authors reckon this herb as somewhat saltish and detersive. The juice of its leaves give a little tincture of red to blue paper, which gives us reason to believe that in this plant the *Sal Ammoniack* which is in the natural salt of the earth prevails over the other principles. This *Sal Ammoniack* is dissolved in a considerable portion of phlegm, and is tempered by abundance of earth and a little sulphur. This plant does not yield much acid by a chemical analysis, for almost all that is drawn from it is alkaline. There are few plants that afford so much volatile concrete salt; more lixivial salt, and more earth. These principles mixed together render S. Purse proper for dissolving the blood when it is thickened by adventitious acids which hinder it from circulating with its ordinary swiftness from the arteries into the veins, to which we may reduce the most part of fluxions. Besides the earth, which is in this plant easily imbibes the serosities, which occasion a relaxation of the fibres, and thus by the consent of all authors it is vulnerary and astringent, and it is likewise believed to be febrifugous and lenitive."

Culpepper and Meyrick. Few plants possess greater virtues than this, and yet it is utterly disregarded.

American Observer.

EDWIN ALBERT LODGE, M. D, DETROIT, MICHIGAN, GENERAL EDITOR.

LEGISLATION AND HOMŒOPATHY.

Dear Mr. Editor—Success in legislation requires unity of action. The opponents of our school go solidly united in every attempt to defeat us. Our number being smaller, the greater the necessity exists for unity, unremitting vigilance and untiring industry. How much we may disagree amongst ourselves, we should renounce personal feeling or interest and act promptly, and in unison whenever the science we profess and practice is endangered by the skillful maneuvering of our opponents.

The committee is composed of members living at great distances from each other, and the only opportunity to meet occurs once a year at the annual meeting of the American Institute of Homœopathy. With a view to organize a powerful and working legislative committee, I have submitted the plan herein enclosed, to each member of the Committee on Legislation, and as the majority has manifested their approval, I propose to appoint sub-committees in every state and territory. But not being acquainted with the homœopathic practioners of every state and territory, I find the task quite a difficult one. The state societies have legislative committees, and these might act as sub-committees of the Committee on Legislation of the American Institute of Homœopathy.

Would you publish this in your valuable paper, and suggest the propriety of such united action among these various committees through the Committee on Legislation of the American Institute of Homœopathy? Our committee would then be able at every annual meeting of the American Institute of Homœopathy, to give a full report of the legislation regarding homœopathy in every part of the country during the year.

With respect, your, etc.,

T. S. Verdi,

Chairman of the Committee on Legislation of the American Institute of Homœopathy.

1st.—Every state or territory of the United States shall have if practicable a representation as a sub-committee of the Committee on Legislation.

2d.—The Chairman of the Committee on Legislation shall appoint sub-committees in the states and territories not represented by the present Committee on Legislation.

3d.—The state and territorial sub-committees shall have power to appoint such sub-committees as in their judgment are necessary to further the interests of the homœopathic school in their state or territory.

4th.—When a sub-committee of the Committee cn Legislation appoint another sub-committee, it shall so inform the Chairman of the Committee on Legislation without delay. "All papers and reports "arising from this organization, or a copy of the same shall be for- "warded without loss of time to the Chairman of the Committee on "Legislation.

"It shall be the duty of the members of the Legislative Com- "mittee or of the members of any sub-committee on Legislation to "procure all bills or measures proposed, presented to, or passed by "their respective legislatures or local governments bearing upon "medical legislation, as may affect the interests of the homœopathic "school.

"It shall be their duty to organize in such a manner as to defeat "any bill which may be thought to be detrimental to the interests of "the homœopathic school.

"It shall be their duty also to propose and insist upon such "legislation as on a principle of equity, will place the homœopathic "school on the same legal status as all other schools of medicine.

"It shall be their duty also to demand and insist upon an "equitable share of appointments of medical officers for public "institutions.

"It shall also be their duty, whenever the opportunity presents "itself, to so influence U. S. Senators and Representatives as to "prevent legislation in Congress discriminating against the school of "homœopathy.

"Any action taken by members of committees, or sub-commit- "tees on these several duties, shall be recorded and forwarded to "the Chairman of the Committee on Legislation without delay.

CIMEX LECTULARIUS.

(*The Bed Bug**).

In common with the large and respectable number of physicians and students of Materia Medica who are subscribers for, and hopeful readers of, Dr. Allen's *Encyclopædia*, I have followed him through his first and second issues with a good degree of pleasure. To some things I have taken exception; but on the whole have felt persuaded that Dr. Allen was doing the work proposed as well as any one in the profession could do it. But in looking over his third issue, I discover that his *Encyclopædia* is not alone to embrace all the provings of remedies generally esteemed as valuable, but likewise the provings of substances which, neither by the suggestions of analogy nor the pointings of experience (pathogenetic or curative), can be supposed to have any medicinal value.

I knew, from the compiler's announcement, that the *omnium gatherum* would allow the exercise of very little, if any, discretion in the reproduction of the symptoms of the various drugs brought forward; but I did hope that there would be a wise discrimination made in the selection of drugs for a place in the *Encyclopedia*.

But it seems the extreme modesty, or fear of innovation, or the wonderful craving for *many medicines* and *many symptoms*, that has warped the judgment of so many in our school, from Hahnemann down, has governed Dr. Allen also.

It now seems that we are to have published and republished, from generation to generation, all the "provings" of all the substances that it has ever entered into the brain of any aspiring fanatic to foist upon the worldas a remedy for human maladies. Most prominent among the ue - less articles brought forward already, is the one named at the head of my article.

Because it was believed among some of the common people of Germany that *bedbugs* were a febrifuge—that they would cure intermittent fever—Dr. Wahle, of Rome, had some provings made with the second and third triturations.

And Dr. Berridge, of England, has lately made a proving with the 200th dilution!

And now the disgusting and useless bedbug is allowed to creep into the fair volumes of our latest and greatest work on Materia Medica—a work intended to show the world how far we are in advance of the old school in positive learning as to the best remedies for the sick—much to the chagrin and regret of every right-thinking lover of the true and the useful among us.

My faith in the notion of the "common people," or in Dr. Wahle and his three provers, or in Dr. Berridge with his "200th dilution," is not sufficient to induce me to honor the presence of such an article in our Materia Medica, nor to exhibit it, in any case of sickness, where I desire to effect a cure. Nor have I so little faith in all other and well-known remedies for intermittent fever, as to acknowledge the need and usefulness of triturated and diluted bedbugs in any one of the various forms of that disease, especially upon the "provings" published.

There is nothing in its symptoms as furnished by the provers, nor in any cases reported as cured by its use, to challenge our confidence or lead us to employ it in preference to other and more respectable articles, of un-

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doubted influence, which stand in the list of remedies for intermittent fever.

While it is brave to stand by the true and the good, even against the sneers and persecutions of the world, it is cowardly to admit as worthy of confidence and place that which has nothing intrinsic nor extrinsic to sustain it, except the dictum of a few persons who have taken it upon themselves to act as "provers." When will homœopathy, with its transcendent law of cure, be emancipated from the amazing homage paid to every man, woman, and child, "good, bad, and indifferent," who essays to *prove medicines?*

And when will its Materia Medica be purged and protected from the senseless, disgusting fruits of such ill-directed, ill-performed, and miserably reported efforts?

The sooner bedbugs and lice, with all other such useless and degrading articles are thrown out of our books and pharmacies, along with the *humanine* of Herr Lux, the better for our respectability and success as a school of medical reformers.

No one appreciates more than I do the importance of interrogating nature as to medicinal properties of various substances; but I beg all who venture upon the work not only to experiment properly, but likewise to select, as subjects of inquiry, articles that have some promise of medicinal power, and some claim to common decency.

The world is full of articles, vegetable and mineral, famous among the "common people," and not unknown to the annals of medicine, as possessed of healing virtues, that no "provers" have yet taken in hand.

Why then resort, so soon, to the lowest places and lowest orders and products of creation for remedial agents?

J. P. DAKE.

NASHVILLE, TENN., January, 14th, 1876.

THE BEDBUG.

REPLY BY DR. T F. ALLEN.

In the article on the "bedbug," in the February number of your journal, Dr. Dake very properly raises the question: What substances are to be admitted into our Materia Medica? Some general principle must, of course, be adhered to. The Doctor, however, does not lay down any law whatever, but contents himself with abusing the undoubtedly nasty bedbug.

We teach that any substance, either animal, vegetable, or mineral, known to possess noxious properties, may be used as a remedy, and it appears that some of the most repulsive and loathsome objects in nature furnish us with most potent remedies; indeed, it is doubtless true that we need more animal poisons than we now possess, in order to combat the various types of disease having a septic tendency. If the Doctor chooses to apply the test of his highly organized senses to the purification of the Materia Medica, we opine that he would sift out the skunk, potato-bug, Spanish fly, and various other disgusting substances, which have proved themselves most valuable additions to our armamentarium. Nastiness has nothing whatever to do with utility; nor can the officinality of any substance be determined from the testimony of the senses, except perhaps that the worst looking, smelling and

tasting things are apt to be the most useful. We fear that the Doctor's eagerness to purify and sift has led to a little wild sparring; so far as we can determine from his writings and speeches (the Doctor has given us no sample) he has no settled principle of sift; and we now propose to offer him the only possible principle, promising that one observor is to be believed as much as another, until proven incapable (or false, as in the case of Fickel).

This is the sifter to be used: Demonstrate that the symptoms obtained by any prover cannot be verified on the sick, and his provings may be expunged, and it be shown either that he is suffering from some chronic trouble that prevents his getting genuine drug-effects from the ordinary disturbances of the functions, or that he has committed a deliberate fraud. It is, doubtless, obvious to Dr. Dake, that we can no more sift out symptoms apparently trivial from the drug, than we can from the patient. Such symptoms, so to speak, are the hangers-on that frequently give us most important information concerning either the diagnosis or the selection of the remedy; besides, the symptom that may appear trivial to us in the light of our physiology may prove of great value to the next generation. There is, I am aware, a great deal of material in the *Encyclopedia* that as yet has not been shown to be valuable; but it may become so, and the *Encyclopedia* would not be what it is, did it not comprise such material. Dr. Dake chooses to stigmatize the work as an *omnium gatherum*; as its editor I am constrained to pronounce the appellation unjust and false. If Dr. Dake were at all acquainted with the literature of our drugs, he would have some appreciation of the immense amount of care that has been bestowed upon the preparation of the work, and not need to be told that a very large amount of material has been discarded. A criticism has yet to be passed upon the discarded material. It may be that under some circumstances the symptoms observed in patients after the administration of drugs should be regarded as pathogenetic, and be incorporated into the pure Materia Medica; as, for example, certain effects of Aconitine, given in large doses for neuralgia. The editor has also exercised care in accepting symptoms derived from persons in ill-health. Thus Prof. Heppe's proving of Chamomilla has been omitted, and one of Lœffler's provers of Iron with analyses of his blood will not be allowed. It may be that some material has been admitted which should have been left out. On these latter points there is certainly a wide field for careful criticism.

It would be a relief to very many if the everlasting talk and bombast about sifting and purifying should cease, and some genuine useful work be done; and now that about one-third of the whole *Encyclopedia* is completed, Dr. Dake has the opportunity to *demonstrate* the soundness and utility of any scheme he may devise.

T. F. Allen.

At the eighth annual meeting of the Michigan Homœopathic Institute held at Jackson, Michigan, June, 18, 1867, the following pre-

amble and resolution were passed unanimously, and we most heartily approve of them.

WHEREAS, Certain persons have introduced substances of a disgusting character as isopathic remedies—such as Balanorrhin, Carcinomatin, Gonorrhœin, Leuchorrhœin, &c., &c., and believing that their use will be highly prejudicial:

Resolved, That the Michigan Institute of Homœopathy will not countenance or approve in any way of a resort to the use of such things as medicines.

[ISOPATHICA—Abortulin, Albin, Alveolin, Ascaridin, Balanorrhin, Boin, Brossulinum (Syph), Bupodopurin, Bustomacacin, Calcul. fell., Calcul. pulm., Calcul urinac., Cancer lab. sang., Cancer lab. pus., Canities, Carcinomatin, Carcinomin, Cariesin, Cataractin, Cerumin, Cholelithin, Coryzin, Crabrin, Crust variol., Dakryadæsyringin (Odontos), Dysenterin, Empyemin, Enteropurin, Epileptic, Febrifugin, Fistul. dent., Fistul. ani. (Enterosyr.), Fluor alb. c. sang., Galaktoplakin, Glossolentorin, Gonorrhin, Harengus, Helin, Herpin. ani. et. scroti., Herpin. capit., Herpin. faciei, Herpin. humid., Herpin h W., Herpin. lineat., Herpin. nasi exedens, Herpin. sicc., Herpin. squam., Hippœstrin, Hipposæn, Humanin, Hydrophobin, Influenzin (Grippin,) Karkinin. gland. pen., Karkinin. labiorum, Karkinin. nasi., Karkinin. uteri., Kynoluin, Kynotænin, Kynotorrhin, Lacrymin. psorophthis, Laryngophthisin, Leucorrhin (Fluor alb.) Lippitudin, Lotium criticum., Lotium viric. phthis., Lumbric. canum., Lumbricin. fel., Lumbricin. hum., Lumbricin. terr., Lymph. exanath., Macula hepatin, Medorrhin, Meletin, (Vomitus niger), Metrorrhagin, Miliarin, Morbillin, Natraxin, Nephropostemin, Nephrolithin, Odontonecrosin, Odontosyringin (Dakryasyr.), Oipodopurin, Otorrhin. hom., Otorrhin. scarlatin. Otorrhin. surd. mut., Otarrhin, Otorrhin comp., Ozænin, Parolithin, Parotidipurin, Phthisicum, Pneumolithin, Pneumophthisin, Podichorin, Podoclavin, Podopur. hom., Podopurin, Podopyonin. equor., Polypin. narium, Prosopoupurin, Psorin. (Scabiesin), Psorin sicc., Pulexin, Pus ex aure, Pus ex bubon, Pus ex carcingland, Pus ex ophthalm, Rhagadin, Sanguinin, Scarlatin, Scab. bov., Scab. can., Scab. equor., Scab. fel., Scrofulin, Sella choler, Sudorin, equor. (Hipposudorin) Sudorin. ped., Sudorin. prur., Sudorin phthisicum, Sycosinum, Syphilitin (Brossul.), Taenin, Tinein, Tinein malignum, Ulcin, Ulcus phagot, Urein, Urethrorrhagin, Urolithin, Vaccinin, Variocellin, Variolin, Varioloidin, Verrucin. ani.]

Our purpose in republishing this list of disgusting and detrimental substances is to endorse the statement of Dr. Dake:

"The sooner bedbugs and lice and all other such useless and degrading are thrown out of our books and pharmacies, along with the *humanine* of Herr Lux., the better for our respectability and success as a school of medical reformers."

We appprove of this just as postively as we disapprove of the dictum of Prof. Allen, when he says:

"*Nastiness has nothing whatever to do with utility*; nor can the officinality of any substance be determined from the testimony of the senses, except perhaps that the *worst looking, smelling and tasting things* are apt to be the most useful."

Dr. Allen's words would give encouragement to students and others to prove and use the whole category of Isopathic remedies as above, and if possible things more filthy, thus opening the doors of the PURE *Materia Medica* to them; while Dr. Dake would save Homœopathy from such a disaster. We trust that Dr. Allen will refrain from admitting in future volumes of his invaluable Encylopædia articles which are so strongly objected to by our physicians.

UNIVERSITY OF MICHIGAN.

A good beginning has been made in the Homœopathic College of the University of Michigan, and its prospects are brightening. A class of 100 may be expected next session, and two additional Professors. The whole homœopathic profession of the State of Michigan should unite to make this movement worthy of our cause. Our opponents are divided, let us see what we can accomplish by union.

A DESERVED TESTIMONIAL.

To Professors Samuel A. Jones and John C. Morgan:

GENTLEMEN:—We, the undersigned, have been instructed by the members of the first class in the Homœopathic College of the University of Michigan, to express to you their entire satisfaction with your labors in their behalf for the term just closed, and their thanks for the interest you have so continually manifested in their progress. We have also to say that they desire, through you, to express to the Regents and Officers of the University their gratification that the arrangements made by these gentlemen for carrying out the provisions of the law establishing the college have been so successful and satisfactory; and no evidence of their full confidence in them can be stronger than the fact that it is the intention of the entire membership to return to this University for its next course.

ALEX. H. ROGERS,
R. C. OLIN,
A. B. AVERY,
Committee.

ANN ARBOR, Mich., March 27, 1876.

AN OPEN LETTER FROM MR. BEAL TO THE REGENTS.

To the Regents, President and Treasurer of the University of Michigan:

Last November Dr. Douglas, who has had entire control of the laboratory for 25 years, succeded in making a majority of your number believe that his assistant, Dr. Rose, was a defaulter to the University to the amount of about $4,000. You at once asked and obtained of Dr. Rose a deed of his house and lot to indemnify the University against loss. This house and lot was not worth over $4,000, and was mortgaged for $2,000. This was every dollar of property that Dr. Rose had, so that if he was really a defaulter to the amount you supposed you only had security for one-half the amount. On the 21st day of December he was suspended. On the 28th day of March following he was reinstated and paid his back salary, and on the same day the committee appointed by you the 21st day of December to thoroughly examine the accounts of Dr. Douglas reported that he had received into the laboratory $8,500 more than he had paid over to the University. At that time Douglas claimed that Rose was responsible for the most of this amount, and Rose claimed that Douglas owed all of it. At that time I offered to give you security in the sum of $50,000 to pay any sum that might be found against Rose if Douglas would do the same. That offer was not accepted, and neither you nor Prof. Douglas have shown any disposition to accept it. I now make you another proposition, which, I think, if accepted, will save the University at least some of the money that honestly belongs to it.

I will enter into bonds in the sum of $20,000, offering to pay any sum of money that may be found either honestly or dishonestly in the hands of Dr. Rose, providing that Dr. Douglas will enter into bonds to the same amount to pay over to the University any money that he has in his hands, either honestly or dishonestly, belonging to it, the whole matter to be left to the arbitration of three men, whose decision shall be final, those three men to be selected by the Governor of Michigan, the Hon. John J. Bagley.

Gentlemen, is this plain English? Do you understand what it means? If you do, why not now show the same zeal to get security for what is due the State that you did last November?

Respectfully yours,

R. A. BEAL.

GRADUATES.—The whole number of graduates from the Medical Department of the University to 1876 is 1,475.

DETROIT INSTITUTE OF HOMŒOPATHY.—At a meeting of the homœopathic physicians of Detroit, on the evening of April 12th, at the office of Drs. Drake and Miller, it was determined to organize the above society. On Wednesday April 19th, an adjourned meeting was held in the office of Dr. Ellis, and an organization effected. Fourteen gentlemen became members of the new society, and it starts out under very favorable auspices. The officers elected were :

President—C. Hastings, M. D.; *Vice President*—F. X. Spranger, M. D.; *Secretary* - C. C. Miller, M. D.; *Scribe*—J. G. Gilchrist, M. D.; *Treasurer*—F. Woodruff, M. D.

The society then adjourned to meet at the office of Dr. Gilchrist on the 8th of May next. Scarlatina is the topic for discussion at that meeting.

ILLINOIS State Homœopathic Medical Association meets in Chicago, May 16th, 17th and 18th.

NORTHERN INDIANA Homœopathic Institute will meet in the city of Laporte on the 2d day of May.

MICHIGAN.—The Seventh Annual Meeting of the Homœopathic Society of Michigan, will be held in the rooms of the Young Men's Christian Association, at Detroit, on the third Tuesday and Wednesday of May (the 16th and 17th.)

CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.

The commencement exercises were held February 16th.

The degree of Doctor of Medicine was conferred upon the following candidates :

Wm. H. Barr, Mrs. A. A. Darby, James D. Easton, C. A. Edgerton, Miss Adeline Eldred, O. E. Pratt, T. E. Robinson, R. L. Spencer, M. A. Todd, W. S. Todd, B. F. Williamson, W. Wohlgemuth, N. Y.; D. B. Stumpf, Ontario; L. G. Van Scoyoc, Pa.; A. F. Turner, N. K. Morris, Wis.; Lewis B. Bartlett, R. L. Boner, Ira W. Disbro, Russell Hathaway, Rudolph Heym, Miss S. A. Henderson, Russell H. Hurlburt, George M. Ireland, John Lafferty, George Lee, J. M. Ricketts, H. C. Royer, Albert Sheldon, H. A. Sherwood, Luther W. Smith, Geo. W. Phinney, Ohio; Arthur Cunningham, Walter Cunningham, J. W. Ferguson, J. B. Judson, C. S. Morely, Mich; T. F. Johnson, Iowa. Total, 39. Constantine Hering, of Philadelphia, was awarded the Honorary degree of Doctor of Medicine

Personal Notices, Etc.

DAKE.—We are much gratified to learn that J. P. Dake, M. D., of Nashville, Tenn., has accepted the chair of Theory and Practice in the Hahnemann College, of Philadelphia. The Quaker city will be better for his health, and furnish a larger sphere for the exercise of his superior abilities.

GRAY,—HALLOCK.—We copy with much pleasure from the April No. of the *Homœopathic Times* the following true and appreciative references to these estimable physicians:

"A few days since a large number of physicians in New York called to pay their respects and offer their congratulations to, Dr. John F. Gray and Dr. Lewis Hallock, on the fiftieth anniversary of their entrance into the medical profession. There are not two men in our profession in the city who have performed a greater amount of arduous and successful professional work than Drs. Gray and Hallock; and yet, notwithstanding their fifty years of hard professional labor, there was not one among the throng who called to pay their respects younger in thought, younger in feeling, or with a keener appreciation for everything beautiful in art, literature and science, or new in the profession, than these two men. There is nothing old about them, excepting the case which holds the soul, but which cannot fetter its brightness. Talk with them and you are amazed at their wonderful stores of knowledge—not alone of their profession, but of the various departments of literature and science. Dr. Gray, almost with the early dawn, is refreshing his mind for the active duties of the day, with the Latin classics, and with the choice morsels of German and English literature, while in the afternoon, the man who will beat him at the billiard table, must have a steady hand and a correct eye. If Dr. Hallock has an enemy in the profession, we have never yet heard of him. Notwithstanding his ripe experience, he is as kind and courteous to the youngest practitioner as to his peers in age and practical knowledge. Such men never grow old. Children love to cluster around them, as though they felt that these men, catching almost the sunny light and warmth of that eternal youth from the not distant shore, are in more senses than one, kindred spirits. The young man just entering the profession, should remember that the fountain of eternal youth, if ever found, must form a part of his inner life, and spring from his own soul."

HERING.—*Jubilæum of Constantine Hering, M. D.* Dr. Hering graduated at the University of Wurzburg, on the 23d of March, 1826, and on the 23d of March, 1876 the physicians of Philadelphia, New York, and other cities assembled to do honor to the semi-centennial of his doctorate. Honorary degrees were presented to him from the New York and Boston Universities, and from the New York, Philadelphia, and other colleges. A complimentary address was engrossed and presented, and very eloquent speeches delivered by Prof. Dunham and others.

If space permitted, we should like to record on our pages all that was said and done on this memorable occasion. As this is impracticable we report from the speech of Carroll Dunham.

Gentlemen of Philadelphia: An invitation to Philadelphia, the Mecca of American medicine, and especially of American homœopathic medicine, could not fail to meet a cordial response from every homœopathic physician. An invitation from so numerous a body of our colleagues, representing so worthily our schools, our literature and our press, and on an occasion so interesting as the celebration of the jubilee of our venerated colleague, Dr. Hering, so touches us that I am sure I utter the sentiments of all of my associates when I thank you, in their name and my own, with my whole heart, for this opportunity to unite with you in your graceful testimonial of homage and love to our honored friend.

If the opportunity had been as great as your large-hearted hospitality, and could have embraced the wide expanse of our country, these walls could not have contained the legion of those who would have come up hither to honor themselves by honoring your venerable guest.

Gentlemen, this banquet, which your hospitality and good taste have crowded with viands from the ends of the earth, and decorated with flowers of every variety of loveliness and fragrance, constrains me to speak of the banquet at which our friend Dr. Hering has been entertaining us all, and all of our school in every part of the world, for a far longer time than my personal memory can recall.

For forty years the feast of reason has been spread in his study. The bill of fare, in our English and in his native German, has been widely distributed. The strong meat of scientific reasoning, the choicest fruits of keen and sagacious observation, the wine of a cheerful, hopeful confidence in the unity and consistency of natural law, the salt and spices of a pungent wit and a wholesome satire, the milk of human kindness and the flowers of poesy, have loaded the table, at which every student has met with a princely welcome, the only condition being that he should *be hungry and should eat*.

Twenty-eight years have passed since I, a hungry student, knocked at Dr. Hering's door, asking for mental food, and daring to expect at best a crust or a soup ticket directing me to some college. I was welcomed to his festive board, and there I have feasted ever since.

There is this peculiarity about his banquet, that, whereas, *here*, what was order an hour ago is now confusion, and a mass of *debris*, *his* table, spread for forty years, is now fuller and richer than ever, though so many have partaken of his cheer! Nay, he has assured me that though guests come lean and hungry, *as I did*, and take their fill, as I did, yet they rather add to than diminish his store.

To one thing I *know* they add—to the blessed consciousness of having done great good, of having made the rough paths smooth for multitudes of his colleagues, and through them to multitudes of the people; a consciousness which, under whatever trials, must gladden these years of our dear friend's life!

At a time when many men give up their labors, Dr. Hering is crowding his table with choicer viands than he has ever offered us; and his welcome is still extended, as heartily as ever, to those who hunger for knowledge.

Gratefully acknowledging the courtesy of your entertainment, we utter our fervent gratitude to him in whose honor you give it, and pray for his health and welfare among you in the many years which we hope are still in store for him.

LILIENTHAL.—Prof. Lilienthal has gone to San Francisco to attend his son's wedding. They have our best wishes and heartiest congratulations.

NECROLOGICAL.

ESTE.—Judge D. K. Este, formerly a prominent lawyer, and one of the first settlers in Cincinnati, died on April 17th, 1876, aged 81.

We knew a medical student in Cincinnati, over a third of a century ago, who made a support while attending medical lectures, by writing up the minutes of the Superior Court of which David K. Este was the judge. He was noted for his intelligence, integrity and urbanity.

JONES.—Charles Arthur, son of Professor Samuel A. Jones, of the University of Michigan, aged seven years, on March 3d, of diphtheria.

We tender our friend and colleague the sympathy of a brother. Why these beautiful buds should be taken away to blossom on the other side we do not understand. "Now we see through a glass darkly, *then* face to face," that is, the *riddle* is here, the solution *over there*.

LYNN.—W. D. Lynn, M. D., at Middletown, Ohio, Feb. 28.

LYTLE.—Dr. R. M. Lytle, of Nashville, Tenn., died suddenly of valvular disease of the heart Dr. Lytle was a graduate of the University of Pa., also of the Hahnemann Medical College of Philadelphia.

MARITAL.

STARR—DYER.—On the 6th of January, at the residence of the bride's father, John G. Dyer, Esq., by Rev. Philip H. Mowry, assisted by Rev. Henry R. Brown, Dr. Samuel Starr and Mary C. Dyer, all of Chester, Pa.

CARUTHERS—SHOEMAKER.—On Tuesday, January 25th, 1876, at the residence of the bride's parents in Philadelphia, by the Rev. J. Todd, R. E. Caruthers, M. D., of Alleghany City, Pa., and Rachel L., daughter of Spencer Shoemaker, Esq.

LOCATIONS.

NORTH.—A fine city practice will be sold for cash, or exchanged for a good farm in Southern Ohio, Indiana or Illinois. Address C. C., care of "*American Observer*."

A FINE country practice in a nice town, near a large city. Address F. E., care of "*American Observer*."

FOREIGN TRANSLATIONS, ETC.—We have in compositor's hands a number of very fine translations by Prof. Lilienthal.

GYNÆCOLOGY.—A good series of articles reserved for future numbers.

Gynæcology.

W. H. BLAKELY, M. D, BOWLING GREEN, KY., EDITOR.

REMOVAL OF OS COCCYGIS FOR COCCYODYNIA.

Reported by J. C. Irish, M. D., of Lowell.*—Miss C., forty-four years old, an unmarried seamstress, at the age of fifteen years received a fall, whose force came upon the coccyx. The injury was immediately attended in the vicinity of the bone with great pain and soreness, which, however, after a few weeks measurably though not entirely subsided. Four years afterwards, while engaged in her avocation, she began to suffer from neuralgia affecting all the pelvic organs but more especially the anus and rectum. The sitting posture greatly aggravated the pain, as did any movements calling into exercise the muscles attached to the coccyx. Defecation was attended with extreme suffering. Menstruation was regular and normal, except that it was attended with severe neuralgia, referred mainly to the rectum. The patient suffered constantly from pain and tenderness, involving all the pelvic viscera. The several physicians under whose care the patient had placed herself could afford her merely slight and temporary relief, although all the ordinary remedies for neuralgia received a thorough trial.

At the time of examination by Dr. Burnham, January 23, 1875, he found extreme tenderness over the coccyx, the two lower segments of the bone displaced and directed anteriorly at a right angle to the remaining portion, and pressing upon the rectum. He also found retroversion of the uterus. The patient was suffering constantly from severe neuralgic pain, which was greatly increased by sitting or walking. Being informed that nothing but surgical interference would probably afford her any permanent relief, she readily consented to any operation that might be deemed necessary.

January, 26. The patient having been placed on her right side and etherized, Dr. Burnham made an incision two inches in length along the median line, and carfully dissected off the attachments of muscles and ligaments, carrying the knife in close proximity to the bone. This dissection was rendered somewhat tedious from the anterior displacement of the ter-

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minal segments; next, the lower portion of the bone was removed with the bone forceps; lastly, all the remaining muscular attachments as far as the cornua of the coccyx, were detached with the scissors. The hemorrhage was very slight, no vessel of sufficient size to require ligation being severed. The wound was dressed with a compress wet in carbolic acid. During the forty-eight hours following the operation, the patient suffered severe pain, which after that time gradually and entirely subsided. For two weeks the discharge from the wound was very copious, but six weeks after the operation it had entirely ceased. The bowels were kept quiet during the first six days by opiates, and after that time the patient had perfect control of the sphincter ani.

The result has been an entire cure of the coccyodynia, with a most marked improvement in the general health of the patient. No cause for the retroversion was apparent, unless it were due to her general weakness and consequent laxity of the uterine ligaments; possibly, also the displacement of the coccyx, by relaxing the levatores ani and sphincter vaginæ, thus weakening the posterior uterine supports, may have contributed considerably to the production of this displacement of the uterus.

This operation, first suggested and performed by Dr. J. C. Nott, has been but rarely resorted to, though coccyodynia is by no means an infrequent affection. In all those cases, so far as I know, in which the two last segments of the bone have been removed, the cure has been complete and permanent. Removal of the whole or the larger portion of the bone seems to me preferable to subcutaneous division of the attachments, because the former procedure precludes all chance of a return of the disease and but slightly increases the gravity of the operation, while in cases of displacement it is much more easily performed than the latter.

MYO-FIBROMATA OF THE UTERUS.

Dr. Hildebrandt, in *Gazette Med. de Paris*, in recording his experience of the subcutaneous injection of ergotine in these cases, states that the conditions most favourable for success are met with in those cases where the tumor is rich in muscular elements, or where its seat is submucous, where the contractility of the uterus is perfectly intact. He adds—It is well to add a few drops of glycerine to the solution of ergotine, to prevent the development of inferior organisms.

SEROUS OVARIAN CYSTS.

M. Panas, in a memoir on this subject, comes to the following conclusions :—

1. Among the reputed ovarian cysts there exists a class of unilocular cysts, containing a special fluid, of which the treatment is as simple as certain in its results.

2. The characters of the cystic fluid are the complete absence of viscosity, its perfect transparency, its small amount of proteic matter (modified albumen), and its relative richness in alkaline salts (principally chloride of sodium). Slightly or not at all precipitable by heat and nitric acid, the liquid in question is percipitable by alcohol.

3. At present we leave the question of whether the origin of these cysts is really the ovary or the parovarium (corps de Rosenmuller).

4. The treatment of these cysts is even more simple than that of Boinet, who recommended puncture followed by the injection of iodine. Simple puncture by the trocar suffices in every case to obtain by the complete or partial evacuation of the fluid a definite cure.

5. In proceeding thus—not only is there nothing to fear, but we avoid subjecting the patient except to the smallest amount of pain. In a word the treatment of these cysts is as easy as that of simple or spermatic hydrocele in man, which requires almost invariably the employment of caustic or strongly irritant injections.

ON LESION AND DISEASE IN THE CHRONIC AFFECTIONS OF THE UTERINE SYSTEM.

Dr. Emille Tillot (in *Annales de Gynæcologie*, March, 1875), in an elaborate series of articles on this subject, comes to the following conclusions :—

1. Chronic diseases are only chronic in virtue of a diathesis or of a spontaneous alteration of blood.

2. All the affections of the uterus which develope them independently of the puerperal state, and a certain number of those which develope themselves during this period are chronic, or tend to become so ; they are in consequence amenable to the laws which preside over the chronicity of other affections of the organism.

3. The diatheses which play the greatest part in the cau-

sation of chronic affections of the uterus are, in the order of their frequency, the strumous, rheumatic, herpetic, syphilitic, etc.

4. After diathesis, the most frequent cause of chronicity of uterine affections is the morbid and spontaneous 'deglobulisation' of the blood.

5. That which authors call special diathesis, predisposition, idiosyncrasy, appears to enter into the two great orders of causes.

6. Pregnancy, parturition, and other determining causes are powerful aids to the production and maintenance of uterine affections, but these may break out and become chronic in the absence of every occasional cause.

7. In certain rare cases the affection is primarily local, whether preceeded or not by parturition.

8. In the majority of circumstances, the lesions are only the secondary symptoms occurring under the influence of a general condition.

9. The chlorosis which exists in a patient affected with disease of the uterus, generally increases and declares itself beforehand; in certain cases it is consecutive to the lesion, the original cause is in a diathesis.

10. Finally, in chronic affections of the uterus, the lesion is in the uterus, and the disease in the organism

HAIR IN THE FEMALE BLADDER.

BY DR. MACDOUGALL, OF GALASHIELS.

In April, 1874, I saw an elderly lady of corpulent habit, who was complaining of symptoms of gravel. The history she gave, was that until within the last two weeks, *at no previous time* had she had any urinary ailments. The first symytom was frequency of micturition, attended by very considerable pain. This pain she referred to the lower part of the abdomen. It certainly, she stated, was *not* aggravated by emptying the bladder.

Of full habit of body, living freely, and having comparatively little exercise, I was not surprised at such a history as she gave, and prescribed some antilithic remedies. No relief followed, the pain became more intense, and the calls to urinate more frequent. Now, however, she stated that the pain was greatest near the vulva. Digital examination enabled me to detect, lodged in the urethra, and in part projecting from its

lower orifice, the mass of hair now exhibited. It was easily seized and removed, and with its removal all irritation ceased.

How it arrived in the bladder is matter of difficult explanation. Apparently ovarian in its origin, its transposition is curious. She had never suffered pelvic pain or uneasiness, and had no recollection of passing at any time a more than ordinary amount of urine, such as sometimes occurs when an ovarian cyst opens into the bladder.

FIBROID POLYPUS.

BY DR. MACDOUGALL, OF GALASHIELS.

On the evening of the 16th of June, I was hurriedly summoned to visit Mrs. G., a married woman, aged forty, who was said to be very ill. I found her pale and exsanguine, with a cold, clammy skin, and feeble pulse, restless and anxious, exhibiting in a marked manner all the bad symptoms of hemorrhage. I was informed that she had prolapse of the womb, that it had come down some hours before, and that the bleeding had been profuse ever since. Between her thighs lay a large pear-shaped tumour, with a soft velvety surface, bathed in blood. No os uteri was visible, and the finger introduced into the vagina could detect high up the cervix, through which the pedicle of the tumour passed. The diagnosis was simple, the treatment more debateable. My difficulty lay between the use of the ecraseur or the ligature. Ultimately I determined to tie it; and, having the tumour drawn well down, I passed a fine whip-cord ligature around the pedicle just within the os. The traction upon the tumour was still maintained, and, to my dismay, in tightening the ligature, it *divided the pedicle.* Instinctively I grasped the cervix, dreading severe hemorrhage would occur. My alarm, however, was groundless. After waiting some little time, during which the cervix retracted almost beyond reach, I carefully plugged the vagina, leaving instructions that watch should be kept lest the bleeding recurred. Happily it did not, and the woman, though weak and debilitated, made an excellent recovery.

Examination by the uterine sound some days after gave only a length of four inches. The growth itself weighed *thirteen ounces*, and at the spot where the pedicle was divided the open mouths of some large vessels showed how great its vascular supply had been.

One or two points in this case are of interest. She had been the subject of the tumour for some years; the constant

reddish watery discharge, a discharge which at her menstrual periods became excessive, and the bearing-down sensation, almost her only troubles. Six months before I saw her, it had first become prolapsed, and a medical man who visited her, mistaking it for the uterus, had, with much trouble to himself and pain to the patient, reduced it. A pessary was then recommended, but its use I expect was not persevered in. The second occasion upon which it appeared externally, I saw and removed it. The effect of the ligature was happier than one had expected, My primary intention was, after in this way securing the vessels, to have removed the tumour with the knife. The fault I think lay in the continued traction upon the pedicle. The ligature once in position, had the parts been relaxed, an accident, which in some ways might have proved disastrous, would have been less likely to happen,

Obstetrical Observations.

PROF. WM. C. RICHARDSON, M. D., ST. LOUIS, MO., EDITOR.

PLACENTA PRÆVIA.

CASE REPORTED BY W. R. ELDER, M. D. TO INDIANA INSTITUTE.

About 11 o'clock on the night of the 26th of Dec., 1874, I was called to visit Mrs. McK———, 23 years of age, and approaching her confinement with her second child.

When I entered the room she was lying in bed, and greeted me laughingly, with the remark that she was not "sick enough to be in bed, and especially to send for a doctor"—that the nurse was the one to blame for troubling me in the night. I learned from both her and the nurse that she "was not expecting to be sick yet," for at least two or three weeks, but for two weeks past she has had had a "show" as they called it every day, and lately several times a day; but no pains till to night, and now they were so slight. She would not have sent for me had it not been for the "*wasting*." Each pain, slight as it was, produced a gush of blood, which had alarmed the nurse, and caused her to summon me. I sat in the room a short time and watched her. The pains recurred about every ten minutes, and the nurse said they did not seem much harder then when they commenced early in the evening. She had already satur-

ated several cloths with blood, and I determined to make an examination at once, which I did. I found the external parts somewhat rigid, and the os uteri dilated only sufficient to receive the end of my finger. It seemed hardened and thickened, or elongated. The feeling was something like what one would experience by putting the end of the finger into a somewhat elastic tube, three-fourths of an inch long. I persisted in passing my finger through the os, and into a mass, which I recognized by its own peculiar feel to be the placenta. I withdrew my finger, and it was followed by a gush of blood. A nervous chill crept all over me as I fully realized I had to deal with a case of *placenta prœia*. I most devoutedly wished it had been the fortune, or rather misfortune of some one else to have been called instead of myself.

Preferring not to take the responsibility of the case alone, I sent the husband to bring to my aid, my partner Dr. Waters, and also Dr. Hyde. Dr. Waters made an examination, and confirmed my diagnosis, Dr. Hyde made no examination, but accepted our statement. It was now about three hours since I came, and there was very little change in her condition. The same slight pains occurring every ten or fifteen minutes, accompanied by a gush of blood. After consultation we decided to give Bell. and Secale in alternation, in repeated doses. Toward morning, both pains and hemorrhage subsided to some extent, so that she slept some, and said that she felt very comfortable; Dr. Waters and Dr. Hyde went away, and after staying nearly two hours longer, I also left her; but charged her husband to give me immediate notice if the pains began to increase. Just before noon he came for me, wishing me to hurry as the pains were pretty hard, and she was flowing a great deal. I went immediately, and Dr. Waters came soon after. I found her pains had increased considerably; but still much less severe than ordinary preparatory pains. Upon examination I found the os had dilated to nearly an inch in diameter, and the edge felt hard and unyielding. I tried to explore with my finger to see if I could find an edge of the placenta, but could not. The patient now began to exhibit the effects of the hemorrhage, to an extent that began to be alarming. She complained of feeling "so tired,"—the pulse was weakening—and her strength evidently failing. Her face was almost as white as her pillow. I said to Dr. Waters, if we can do anything to save this woman, we must do it *now*. To dilate the os by manipulation, sufficient to introduce the hand under one side of the placenta and deliver by turning, as recommended by most authors, seemed in this

case impossible—at least, it seemed that the patient could not hold out for the time it would necessarily take to accomplish this feat.

We decided to pursue the course recommended by Dr. Guernsey, of perforating the placenta. I had a long canula, shaped somewhat like a uterine sound, which I pushed through the placenta, and tried for some minutes to rupture the membranes, but could not succeed. I could feel the head with the point of the instrument, and could pass it up along side of the child its whole length, but the membranes would not rupture. At length I concluded that I must have ruptured them, and there being so small a quantity of the liquor amnii I had failed to notice the flow. I withdrew the instrument and introduced my finger directly through the placenta for the purpose of splitting it, or rather rending a slit in it, to make a passage for the head. I passed my finger through the placenta nearly the whole length, before coming in contact with the head, when I discovered the membranes still unruptured. They seemed very tough, and I had to scratch hard with my finger nail against the head to rupture them.

The waters came off with a gush, and the head immediately came down firmly against the placenta. I made a slit in the placenta, in an anti-posterior direction, as far as my finger would reach, and withdrew my hand. The pains and hemorrhage both ceased at once.

The patient said she felt better than she had for the last twelve hours. There was no more hemorrhage at all afterward. There was no pain for about half an hour, when they again commenced with remarkable regularity, both in time and power.

Under their action the os dilated pleasantly, and the labor terminated within an hour from the time the membranes were ruptured. The child was dead—I found the placenta slightly attached near the anterior lip of the os uteri; but removed it without difficulty, and the patient made a good recovery.

Since my experience in this case, I shall never again, in a like one, wait for the os uteri to dilate; but if I am satisfied it is a real placenta prævia, and the hemorrhage in the least excessive, so as to render speedy delivery desirable, shall proceed at once to perforate the placenta, and rupture the membranes, as a *preliminary* step, expecting thereby, both to arrest the hemorrhage, and promote speedy delivery.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

DYSMENORRHŒA.

BY PROF. GUSSEROW.

Painful menstruation is usually considered as a symptom of some disturbance in the genital organs, excluding all morbid states of the uterus, as inflammations, malpositions, etc. It is most frequent and most severe in juvenile persons at the beginning of puberty, and with advancing years the number of dysmenorrhœic women decreases. This form of dysmenorrhœa disappears also with conception and labor. We also find that the pains begin and reach their acme before the appearance of the bloody discharge, and that alleviation sets in with its flow.

Two forms of dysmenorrhœa must be distinguished, one where ovulation is painful, where all the symptoms emanate from the ovaries, *dysmenorrhœa ovarialis*; the other, where the excretion of the blood from the uterus is the chief cause of the pains, *dysmenorrhœa uterina.*

Ovarian dysmenorrhœa or painful ovulation can be best observed in cases where *the uterus is so deficiently developed that it has no cavity*, therefore no menstruation, but where the habitus of the patient is perfectly feminine, and where strict examination clearly reveals the presence of ovaries. Such cases are not so very rare, and we find at an interval of three to four weeks excessively painful paroxysm deeply seated in the small pelvis, pains more or less similar to those of peritonitis, with vomiting, and where sometimes an examination per rectum, or per vaginam reveals exudations in the small pelvis. All the known symptoms of pelveoperitonitis hæmorrhagica may set in with the utmost severity, phenomena more or less similar to those of

colica scortorum, with the only difference that in this malformation the inflammatory manifestations are found in the cavern Douglasii, caused by the menstrual swelling of the ovaries, where depletion is impossible in the usual manner by the way of menstrual bleeding, that in consequence thereof inflammatory states of the ovaries, oophoritis and perioophoritis usually sets in that most probably in consequence of the bursting of the follicles of the chronically inflamed ovaries blood flows in the Douglasian space, and thus the manifestations constantly increase, leading finally to general peritonitis and ovulation ceases entirely by shrinking of the ovary imbedded in the exudated masses. In colica scortoram the course is reversed, a pelveoperitonitis with consequent gluing up of the pelvic organs, with malposition of the ovaries, etc., sets in by mechanical injuries, which are even present during menstruation, and thus the painful paroxysms, during every menstruation, as also the well known sterilty of prostitutes is easily explained. In this ovarian dysmenorrhœa *Battey* (Atlanta Med. and Surg. Journal, Sept. 1872), proposes the extirpation of the normal ovaries, and thus to remove the cause of the suffering, the only difficult point is the selection of the right time for the operation—if we wait till exquisite manifestations of pelveoperitonitis were repeatedly observed, the removal of the ovaries from the surrounding masses of exudation would be difficult and dangerous—but where such intense manifestations are yet absent, we hardly dare perform such a capital operation, as it is well known that with a rudimentary development of the uterus, defective formation of the ovaries is often combined in many cases at the period of puberty belonging to ovarian dysmenorrhœa. The pains which with more or less intensity are present in many young girls not only during the first months, but not rarely during the first years at every menstruation, mostly before the setting in of—but also during the flow, are most decidely felt on both sides of the uterus, radiating from the sacrum into the thighs,

with irritation of the peritoneum, vomiting, and have always been considered as originating in the ovaries, as *ovulation must be painful at first from the stiffness of the ovarial stromas albuginea*, but as the surface of the ovary is only partially covered by peritoneum, we consider this reasoning mere hypothesis, and rather believe that in such cases the respective follicles are still distant from the surface of the ovary, still deeply imbedded in the stroma, or that the tunica fibrosa of each follicle is abnormally firm and tense, connected with the wall of the follicle, as it is well known that old follicles can be far more easily enucleated from the ovarian stroma than younger ones. Considering now this tense tissue in the state of menstrual congestion, we easily understand the painfulness in consequence of the pulling and tension, and how depletion, menstruation must give relief. Only thus do we easily understand the course of events. The frequently repeated menstrual congestions gradually conquer the opposition of the ovaries; ovulation takes place easily without pain, or where further congestive states are set up by coitus, the regulation will be much more rapid and conspicuous, in other words, the wedded life cured the patient of her dysmenorrhœa. It must be remembered that we speak here only of such cases where there are no abnormities of the uterus. Where these processes appear more intensively during ovulation on account of the severity of the obstacle, perioophoritis may be set up in the small pelvis with all its symptoms and sequelæ. These pelveoperitonitic adhesions and callosities forming around the ovaries, increase, if not absorbed, the pains at every menstrual period, just as also coition acts injuriously in such cases, and we really meet among newly married women more or less severe localized peritonitis, and in consequence of it too often incurable sterility. In this group of ovarian dysmenorrhœa there is orginally no faulty formation of the ovaries. They differ from the former especially that menstruation is irregular and imperfect, that it does not show itself at all

or only at great intervals, or that it appeared several times at puberty and then disappeared forever. In the majority of such cases the menstruation is painless, or nearly so. Such women have the feminine type well expressed, but the genital apparatus remained backward in its development, the labia majora and minora are only small cutaneous folds, the introitus vaginæ therefore gaping, the mons veneris nearly without hair. The uterus shows a small button-like short vaginal portion whose orifice can hardly be touched, the double examination as well as the sound prove its smallness, whereas the ovaries in most cases can hardly be felt, especially as such females are inclined to obesity, where the mammæ are nicely developed although the glandular parenchyma is small. This characteristic obesity is the differential point from those viragines, who mostly possess normally developed genitals. In as much as deficient development of the ovaries is mostly connected with deficient development of the genitals, perhaps the cause of it we easily understand why severe dysmenorrhœa is so rarely met in such cases—no great obstacles have to be conquered and the entire function of ovulation and menstruation is at a low grade on account of deficient development, or it is entirely quiescent.

Another group of ovarian dysmenorrhœa is offered to our consideration in the *menstrual disturbances of chlorotic women.* In the evanescent chlorotic states during the years of development we have only to deal with deficient hæmatosis, a peculiar form of anæmia, of which we know chemically or physiologically as good as nothing, and in most cases all the manifestations of chlorosis gradually disappear. Here we most frequently meet amenorrhœa or irregularities of the menstrual period, whereby all painful sensations may be entirely absent. Where dysmenorrhœa is present, we might suppose that although the ovaries are in a normal state, the menstrual congestion is insufficient. At any rate with the disappearance of the chlorosis

menstruation will become normal, as long as there are no other complications.

More difficult to understand are the cases of profuse menstruation in chlorosis, but as they usually pass off without pain, when there is no dislocation of the uterus, we pass it by; but there is a second group of chlorotic patients, where the manifestations and consequences of chlorosis are lasting and incurable. *Virchow* showed us the connection between chlorosis and deficient vascular development. If then according to Virchow this vascular hyperplasia and deficient development of the genital apparatus is not always combined still there are cases enough where both are united, and then we always meet dysmenorrhœa. It is of practical importance to be well acquainted with these cases; although our therapia is hopeless against the chlorosis as well as against the dysmenorrhœa. In such cases, not only the ovaries, but also the uterus is not developed, and with such an infantile formation of the latter the os is small and narrow. Mistakes are thus made by considering the narrowness of the os as the only cause of dysmenorrhœa, and incisions will fail to bring any relief.

Our treatment of ovarian dysmenorrhœa will necessarily differ according to the different forms. Where the increased congestion to the ovaries appears in order to foster ovulation, we use warm sitz baths, warm compresses, vaginal injections, hot foot-baths, dry or bloody cupping of the sacrum, here and there perhaps also leeches on the inside of the thighs. The bowels must be kept open and *Schœnlein* recommends for that purpose injections with Extr. Aloes. But we must never forget that the form of dysmenorrhœa easily leads to pelveoperitonitis, and as soon as the least symptom of it is observed, it would be better to rely on hydropathic treatment, or cold compresses and internally, ice, opium, etc. Opium, chloral in injections best assuage the pains. Where such attacks have once been present, even in future menstrual periods, all remedies to hurry up the discharge are strictly contra-indicated.

The therapeutic of chlorosis is the regulation of the diet, and of the mode of living, if possible careful hydropathic treatment, sea bathing, or only a sojourn near the sea, or on mountains; from which I have seen far more success then from the old fashioned use of iron.

Let us pass now to the second group of dysmenorrhœa, showing itself at the time of puberty, to those cases, where the *cause of the pains lies in the uterus.* Such a dysmenorrhœa may often find its cause in retroversio and anteflexio uteri congenita where the uterus from its embryonal development kept more or less its original position and infantile form. We must in all such cases closely examine whether the malposition is combined with a deficient development of the genital apparatus or not. In the first case all manifestations of dysmenorrhœa may be absent and they only come under treatment on account of the sterility after marriage or on account of an accidental inflammation. In the second case, where the uterus is firmly fixed against the posterior wall of the bladder, but womb and ovaries well developed, we are sure to meet some dysmenorrhœa, whereas in cases of the first class menstrual congestion or coitus after marriage may still develop the natural formation of the uterus, so that the malposition passes off, we find this seldom to be the case in the second class, where more frequently the difficulty only increases with time. Still these are just the cases where I at least witnessed some benefit from the uterine sound, where it could be borne.

Another form of dysmenorrhœa in consequence of deficient development of the uterus, or at least of a part of it, is that one usually known as *mechanical dysmenorrhœa from stenosis of the cervical canal,* which also is a lapse in the original formation of the cervical canal. We find in such cases the uterus of normal size, (hypertrophies of it are a consequent state), the vaginal portion sometimes, but notalways, neat and small, the os externum of abnormal smallness, frequently only a small depression of the

size of a pins head, for which even we have frequently to search. In well expressed cases even a fine wire can hardly enter; this stenosis goes through the whole cervical canal, that it takes the same difficulty to penetrate to the os internum. The diagnosis is easy enough, as the sound and even the mere touch clears up the case. Congenital stenoses of the internal os, which always forms the most narrow part of the cervical canal, may happen here and there, I have never seen them and consider their exact diagnosis difficult, if not impossible. More simple and clear are the stenozes of the internal os in retroflexio and anteflexio uteri, and they cause the mechanical dysmenorrhœa in such states, but these belong to the states of malpositions of the uterus.

In the diagnosis of congenital narrowness of the cervical canal those cases are not sufficiently taken by themselves, where the stenosis is only a part manifestation of a generally deficient development of the uterus, and where therefore, it cannot claim any special therapeutic action, and many mistakes are blameable to this diagnostic error. Where the functions of the uterus and ovaries are normal, the symptoms produced by stenosis of the cervical canal are always the same; before menstrual discharge sets in, such patients complain of a gradually increasing intense pain, radiating from the sacrum; having the characteristic pain of uterine contractions blood is then discharged at the acme of the paroxysm with alleviation of all suffering. This process may repeat itself several times during a menstrual period, always to be followed by increased bloody discharge. In other cases a small quantity of blood is at first discharged without much pain, when suddenly severe uterine colic sets in, which is only relieved by the expulsion of clots of blood. Other symptoms, as vomiting, etc., may appear as consensual manifestations. The stenosis of the cervical canal explains all these symptoms. We have seen already, that the blood during menstruation, flows off in the same proportion as

it oozes out from the surface of the uterine wall, and therefore, every obstacle to a free discharge must cause an accumulation of blood in the uterine cavity, expanding the walls, which in their natural state lie closely together. Thus the uterine walls are expanded, and uterine contractions follow in order to expel the accumulated blood, and these contractions will be the more intense, and the pains the more severe, the greater the stenosis. Coagulated blood aggravates the case. We find it reported in some cases of stenosis of the cervical canal, that the few first menstrual periods passed off without much pain and then increased from month to month, but at the beginning of the menstrual process very little blood is excreted, which may pass off without severe manifestations through the narrow canal, but as soon as the swelling of the mucous membrane increases, as soon as perhaps only a few drops of blood are retained, thus an irritation produced on the uterine and cervical mucous membrane, stronger contractions will be necessary for its expulsion, and a case of dysmenorrhœa established. It would be folly to consider in such cases the swelled uterine mucous membrane as the cause of the dysmenorrhœa, for without the stenosis we would only have a natural process. Considerable alterations of the uterus are the inevitable consequences of these regularly appearing uterine colics. A catarrhal swelling and hyperæmia of the mucous membrane will be established, showing itself also during the intervals as uterine catarrh, the more this swelling increases, the greater the obstacle during menstruation, the more intense the contractions of the uterus for the expulsion of the menstrual blood. Only in such a way can we understand the many cases where the dysmenorrhœa is steadily increasing, especially when we add to it the constant irritations produced by the marital state. These repeatedly appearing uterine contractions finally produce a hypertrophy of the uterine walls, and an expansion of the uterine cavity from the accumulated blood and mucus, so that we might call such a state a hypertrophy with

dilation or an eccentric hypertrophy of the uterus; where such a state of mechanical dysmenorrhœa existed for some time, the removal of its cause will be of no avail any more, the uterus has become diseased and these anatomical changes are now organic; that sterility, nearly incurable sterility is usually combined with such a state is easily understood, and too often is it the case that medical advice is only sought for on account of this sterility. Where dysmenorrhœa is absent in stenosis of the external os, and narrowness of the cervical canal, we may always expect deficient development of the uterus.

Dilation of the cervical canal is the only treatment indicated for the cure of this dysmenorrhœa, and a radical cure can only be expected from an incision, all laminaria show only a transient action, although they find also their indication as the initiatory step to render incision possible. We refer for this treatment to *Olshausen's* splendid monograph on this subject. I prefer Greenhalgh's metrotome, and after the incision keep the extension up by the introduction of lint soaked in liquor ferri.

I have nothing new to bring forward on *dysmenorrhœa membranacea*, and acknowledge also that I too frequently fail in curing it by cauterization of the uterine mucous membrane after preceding dilatation of the internal os.—*Volkmann's Klin. Vortræge, 81, 1874.*

ON THE QUANTITIES OF EXPECTORATION IN DIFFERENT DISEASES OF THE RESPIRATORY ORGANS.

BY DR. F. HENKE.

In an emphysematic patient with chronic bronchitis the absolute quantity of the sputa oscillates between 99 and 100 grm., with about 97 per cent. water, 2 per cent. solids, 1 per cent. mucin, no albumen. In acute bronchitis the sputa always contains some albumen.

A pneumonic patient averaged daily 26,0 sputa with 23,0 water and 2,3 solids; 0,3 mucin, 0,8 albumen; another one averaged 122,0 sputa with 117,6 water, 18,4 solids, 1,33 mucin, no albumen.

The daily average of expectoration of three consumptives was 146, 144,82 grms. The sputa of phthisical patients contains more solids than those in bronchitis, more mucin and extractive matter, also albumen and fat, but less solids and less extractive matter and albumen than those of pneumonia. In quantity as also in relation to its composition the sputæ of consumptives are very varying. The loss which the organism suffers from sputa is hardly worth while considering in the short course of pneumonia, but must be taken into account in bronchitis, and still more in phthisis pulmonalis. In the first the body loses in 24 hours 132,3 grm. water, 3,15 solids, 2,29 organic matter; in the latter 117,3 water, 67,2 solids, 2,88 mucin, 0,36 albumen, 0,46 fat, 1,99 extractive matter. A bronchitic patient loses by sputa in 24 hours 1,1 to 2,3 per cent. of the solid substance used up in the body when hungry, and 0,6 to 1,2 per cent. when well nourished. We may conclude therefore that copious expectoration must be taken in consideration in relation to emaciation.—*Zeitschr. F. Biologie, xi. i.*

ON CHOREA.

BY DR. ELISCHER.

Many authorities used to consider chorea a mere neurosis, i. e., an affection without any anatomical changes in the nervous system, but still in several cases autopsies revealed softening in the brain and spinal cord, proliferations of the connective tissue in the central nervous system, embolies in some parts of the brain, especially in the thalamus opticus and corpus striatum.

A woman, aged 22, had an attack of chorea at the age of 8 and 16. She became pregnant when 19 years old, and at the sixth month of her pregnancy the chorea returned and lasted up to her confinement which was normal. 1872 she again became pregnant, and the choreic motions returned at the fifth month with great severity; miscarriage followed at the eighth month, hemiplegia set in, and she died five days later with the symptoms of deep coma.

Microscopical examination of the nerves revealed considerable alterations in the peripheric nerves, especially the medianus and ischiaticus were flattened, tough, and of a yellowish grey color.

The whole spinal cord was tough, and the blood vessels of the membranes hyperæmic. In the substance of the cord the blood vessels were winding, and on the adventitia a large proliferation of nuclei. The central canal of the cord full of a coagulating fluid. The connective tissue in the white and grey substance full of nuclei. In the lateral and posterior col-

umns the connective tissue greatly increased, pushing aside the nerve fibres and presenting a tough, firm mass. Cerebellum and cortical substance intact, some changes in the ganglia of the brain, in the corpus striatum, thalamus opticus, neucleus lentiformis, claustrum and in the Insula Reilii. Everywhere the connective tissue increased and thickened. The blood vessels of the corpus striatum hypermæmic and winding, in some places dilated, whereas the cells of the adventitia were colorified or pigmentarily degenerated. Fatty and amyloid degeneration of the walls of the blood vessels was also found on other places.—*Virchow's Arch. April, 1875.*

Sleep produced by Lactic Acid.—*Preger* proved the lactic salts in relation to their hypnotic action, because sleep is produced by a high graded fatigue of the nerves and muscles, and during that fatigue lactic acid is formed and passes into the circulation. He found that the natrum lacticum, subcutaneously injected, or given internally in larger doses, to men as well as to animals, frequently produces sleep. He found a similar hypnotic action from fresh and especially from sour milk, whey and very concentrated sugar water.—*Centralbl F. Med. Wiss., 35, 1875.*

Four Fatal Cases from Infection with Vaccine. — Dr. *Kruegkula* reports that eight soldiers were vaccinated with vaccine received from the children's nursery. It failed in two cases; the other six men took sick 24 hours after the vaccination with chills, severe fever, excessive malaise and deliria; from the second to fourth day a phlegmonous erysipelas developed itself on the upper arms, passing over into gangrene after a few days. The autopsy revealed in all cases anæmia and emaciation, slight icteric coloring of the skin and conjunctiva; the internal organs normal, but devoid of blood. The blood in all the larger bloodvessels very dark-red and gluey. The skin of the effected arms denuded of their epithelium, thick; the subcutaneous cellular tissue, infiltrated with ichor or with a murky serous fluid, nowhere large abscesses; the muscular fibres relaxed, the fasciæ and sheaths thickened, and serous infiltrated, the lymph glands not essentially enlarged, the bones normal. Vaccination with 17 other tubes, from the same source, acted well and normally.—*Wen. Med. Wochenschrift, Novbr.*, 1874.

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

CHRONIC HYDROCEPHALUS.

DROPSY OF THE BRAIN.

Chronic Hydrocephalus, unlike most chronic affections, bears no affinity whatever to the acute, the latter being an inflammatory disease, modified by constitutional and local causes, while the former, as its name imports, is a true *dropsy of the brain*, consisting of an accumulation of water or serum within the ventricles and membranes of the brain. It is almost entirely confined to children, and is both congenital and acquired. Congenital cases are comparatively rare ; and owing partly to mechanical violence, and, in some case, to defective development of the cerebral mass, generally prove fatal at the time of birth. Extra-uterine cases generally manifest themselves during infancy, or soon after birth, before the fontanelles are closed, and while the cranium is capable of expansion.

ENLARGEMENT. The chief feature in these cases, and that which first attracts attention, is the enlargement of the head. This takes place gradually in every direction, except at the base of the cranium, but is the most prominent in the frontal, temporal and occipital regions. As a general rule, the face is but little, if any enlarged, so that the front and sides project in such a manner as to give the head a remarkably wedge-shaped appearance, resembling an inverted cone or pyramid. Sometimes, however, the enlargement takes place equally in every direction, giving to the head the appearance of an immense animated ball, too heavy to be supported without some external aid.

SYMPTOMS. Aside from the enlargement, which from the first is generally quite manifest to the eye, the earlier symptoms are sometimes difficult of recognition. The increased

weight of the head, however, no less than the functional disturbance of the oppressed brain, give to the child a somewhat uncertain and tottering gait, which is characteristic of the disease. After a while the symptoms become more pronounced; the child becomes dull and peevish; tremors of the limbs set in, so that he can no longer walk; the senses gradually fail; there is more or less insensibility of the skin; taste becomes perverted and weak; the sense of smell is diminished; dimness of vision follows; and finally hearing itself fails. The digestive functions generally remain longer unimpaired, but they, too, at last become involved; vomiting occurs, and emaciation, notwithstanding an increase in the amount of food, is likewise produced. Costiveness and scanty urine are also attendant symptoms. At last, symptoms of paralysis set in; the eyes are turned to one side, the pupils are dilated, and vision becomes extinct. The rectum and bladder become implicated, so as to lose all control over their contents. Finally, after successive attacks of spasms and convulsions, the paralysis becomes complete; suffocative fits occur, during which the breathing becomes labored and stertorous; insensibility follows; the pulse becomes small, feeble and intermittent; and death closes the scene.

PROGNOSIS. Although chronic hydrocephalus is generally fatal, it is not necessarily so. A large proportion of cases will recover if taken in time and suitable treatment instituted. Indeed, there is no good reason why, at any period previous to the consolidation of the cranium, it should not be as amenable to treatment as any other form of dropsy.

TREATMENT. This is either general or local. Local treatment has in the great majority of instances been productive of more harm than good; and may therefore be dismissed with but a passing remark. Tapping is claimed to have permanently relieved a few cases, but the ordinary result of the measure, as might have been anticipated, has been to hasten, and some-

times to cause a fatal termination, by exciting inflammation of the brain and its membranes. "Methodical Compression." as it is called, by means of adhesive strips so applied as to produce uniform compression of the cerebral mass, after the manner of Barnard, has for the most part either proved entirely nugatory, or else been attended with dangerous consequences from compression of both the brain and the pericranial vessels; the practice, however, still has its advocates, and is claimed by its author and others to have been successful in a number of instances. It is only applicable to cases in which the bones of the cranium are loose, and the vital powers weak, and even then should be employed with the greatest caution, being abandoned whenever the symptoms of compression are aggravated by it.

The general treatment may be gathered from the following

THERAPEUTIC INDICATIONS.

Arsenicum.—Swelling, particularly of the head and face; vomiting on being raised up in bed; impairment of the special senses; emaciation and muscular weakness; constipation; retention, or involuntary discharge of urine; anxious and oppressed breathing at night, or in the evening, in bed.

Calcarea carb.—Scrofulous swelling; old, pale and haggard look; trembling and weakness of the limbs; tottering gait; emaciation and great physical prostration; non-closure of the fontanelles; constipation.

Helleborus.—Dullness of the senses; sopor; pale, yellowish face, with puffiness or swelling; great weakness of the limbs; spasms and convulsions; small, feeble pulse; suppression of the urine; paralysis.

Mercurius.—Great restlessness; swelling of the head; dilatation of the pupils; impairment of the senses; spasmodic paroxysms; collapse of the system; paralysis.

Plumbum acet.—Heaviness of the head, with pressure as though the skull was too full; dropsy; emaciation, weariness, and increasing debility; nausea and vomiting; trembling of the limbs; restlessness and sleeplessness, or somnolence and loss of the senses; retention, or involuntary emission of urine; pulse, small and frequent, or slow and feeble; constipation; spasmodic paroxysms and paralysis.

Silicea.—Scrofulous swelling of the head; feeling as though the head was filled with living things; dullness of the senses; pale, swollen face; suppression of stool and urine; great prostration and muscular weakness; suffocative breathing; spasm of the limbs; numbness, swelling and paralytic weakness.

Sulphur.—Scrofulous enlargement of the head; heaviness and languor of the limbs; trembling gait; dullness of the senses; pale, bloated face; emaciation; constipation; retention of urine; paralysis.

Zincum.—Small, weak pulse; loss of consciousness; coldness of the body; great weakness and heaviness in the limbs, with tremor; oppression of breathing; constipation; drowsiness; heaviness in the head; nausea with trembling and tendency to paralysis.

DIET AND REGIMEN.—The diet should be light and nutritious, consisting of such articles as milk, oatmeal porridge, wild game, lean, tender, broiled beef, oysters, and soft boiled eggs, etc. Care should be taken to give the child the advantages of sufficient light, air and exercise, carefully guarding it from exposure to the action of all depressing agents, or to bodily or mental excitement. In short, everything possible should be done to invigorate the body, and to guard against any premature development of the mental faculties.

CEREBRAL APOPLEXY.

The term **Apoplexy**, from a Greek word, signifying *I strike*, is used to denote a sudden loss, more or less entire, of sensation,

consciousness, and voluntary motion, depending upon cerebral pressure produced by congestion or extravasation within the cranium ; the circulation and respiration being continued. This definition is perhaps as perfect as any that can be framed ; yet the attack is not always sudden, the condition sometimes setting in gradually, even when produced by cerebral hemorrhage.

PATHOLOGY.—All cases of true apoplexy are caused by hyperæmia of the brain, by cerebral hemorrhage, or by sudden effusion of serum within the cranium ; hence some pathologists have divided the disease into three varieties, the simple or congestive, the sanguineous or hemorrhagic, and the serous. These distinctions, however, are of but little practical importance, since it is generally impossible to determine with certainty, previous to the death of the patient, which of the three conditions exist in any particular case ; and since, moreover, in consequence of the pressure which they alike exert upon the brain, the symptoms in either case are similar.

Some pathologists restrict the term apoplexy to cases of cerebral hemorrhage alone ; but although such cases are much the most frequent, nothing is more certain than that death occasionally occurs with all the symptoms of apoplexy, in which the only observable lesions of the brain are : a greater or less amount of hyperæmia of the cerebral vessels, or an abnormal effusion of serum into the ventricles, or into the cavity of the arachnoid. As just stated, however, the most common lesion in cerebral apoplexy is hemorrhage, the blood being effused either upon the surface of the brain or its membranes, in the ventricles, or in the cerebral tissue itself. As would naturally be inferred, the principal seats of hemorrhage are those portions of the brain most abundantly supplied with blood vessels, such as the corpora striata, optic thalami, etc. The quantity of blood effused varies from a few drops to several ounces. It is sometimes infiltrated into the adjoining tissues, producing more or less suppuration, laceration and softening of the cerebral struct-

ure; but generally it is collected into one or more separate cavities, corresponding to the points of rupture in the cerebral vessels. The extravasated blood gradually undergoes absorption, disappearing in some cases in the course of five or six months; in others it becomes encysted and may continue several years. The number of coagula generally corresponds with the number of sanguineous effusions which have at different periods occurred; no less than a dozen clots, in different stages of absorption, having been found in the same brain. These facts are of the greatest interest and importance, as showing how nature at once sets up a process of reparation, which if properly encouraged, and not interfered with by depletion, or other depressing treatment, is capable of effecting a complete restoration of the injured organs.

ETIOLOGY.—The chief predisposing causes of cerebral apoplexy are *inheritance* and *old age.* Statistics show that it attacks the descendents of apoplectic parents much more frequently than others, owing either to a similarity of physical conformation, or, which is more likely, to some inherited weakness of the system, the existence of which in the parents constitutes the original predisposition to the complaint. Old age, however, is the principal predisposing cause, and is doubtless the most powerful, as the great majority of cases occur beyond the age of fifty. Hence, people advanced in life, especially if they are, or have been very hard thinkers, or addicted to excesses of any kind, are very apt to be cut off in this manner. For these reasons, women, whose habits of life are generally more regular than those of men, are less liable to the complaint. Cardiac affections are supposed to favor the disease by causing more or less hyperæmia of the brain, and when other circumstances concur to produce it, no doubt they contribute to the result. The same may be said of the state of the system denominated plethora, arising from free living and sedentary habits.

Although the exciting causes of cerebral apoplexy are

numerous, they can be reduced to a very few heads. Whatever tends to produce congestion of the brain, such as exposure to the sun's rays, violent mental emotion, heavy lifting or straining, hard coughing or vomiting, playing upon wind instruments, excessive venery, the free use of alcoholic stimulants, compression of the vessels of the neck, dependent position of the head, as in in stooping, etc. To these may be added repelled eruptions, an overloaded state of the stomach, the sudden suppression of habitual discharges, and exposure to either excessive heat or cold.

DIAGNOSIS.—Cerebral apoplexy is liable to be confounded with both syncope and coma. In syncope, however, the surface is pale and cold, the features are contracted, the pulse is lost at the wrist, and the respiration is suspended; in apoplexy, on the other hand, the very reverse occurs. Coma, from the great resemblance of its symptoms to those of apoplexy, can only be distinguished from it by the *cause*, which in cases of apoplexy generally depends upon sudden pressure on the brain, while in other cases it is symptomatic of narcotic poisoning, inebriation, cerebral inflammation, hysteria, etc. The differences between these affections and true apoplexy are so great, that notwithstanding the similarity of their general appearance, a mistake in diagnosis would be alike discreditable to the practioner and injurious to the patient. No such error, however, can occur if sufficient attention is paid to the symptoms.

PROGNOSIS.—Cerebral apoplexy is always a serious disease, and, sooner or later, generally proves fatal. This is especially true of cases caused by effusions or extravasations within the cranium. On the other hand, cases depending on cerebral hyperæmia merely, without serous effusion, vascular extravasation, or other lesion, may be regarded favorably. But as it is usually impossible, particularly soon after the attack, to deter-

mine these questions with any degree of accuracy, the prognosis is always more or less doubtful.

As a general rule, it may be stated, the danger to life is proportional to the extent of the paralysis; and is greatest when, in addition to the mental functions, the paralysis involves the organs of circulation and respiration. Among the more important signs threatening a fatal issue are: protracted coma, convulsions, general paralysis, dilated pupils, obstructed respiration, foaming at the mouth, frequent vomiting, coldness and clamminess of the surface, and involuntary evacuations. Still, if the vital powers are husbanded, the patient may possibly survive even these formidable symptoms, though it must be conceded, that if the patient escape for the time, he is very liable to sink sooner or later, either from a recurrence of the attack, or by a general failure of the vital powers resulting from the injury done to the brain. If, however, the patient survive the first onset of the disease without any subsequent aggravation of the symptoms, there will always be room for hope, even when extravasation of blood has taken place. But it should be remembered in this connection, that about the eighth or tenth day of the seizure is a critical period, for then inflammation sets in about the clot, and may destroy the patient.

SYMPTOMS.—In the majority of cases, the attack is preceded by certain premonitory symptoms, such as pain in the head, ringing in the ears, impaired vision, giddiness, loss of memory, drowsiness, and other evidences of cerebral hyperæmia; to which are added, in many cases, more or less numbness, or pricking, in the extremities. In other cases, the patient, previously in apparent health, falls down insensible, with a total abolition of the sensorial functions, or manifests a momentary apprehension of impending danger, by raising his hands to his head, and making some alarming exclamation, at the very in-

stant of falling. The degree to which the sensorial functions are affected varies. In very severe cases, sensation, consciousness, and voluntary motion, are all lost; in others, there is a greater or less degree of senso-motory impairment, the patient being in a state of semi consciousness, sensible to outward impressions, and capable, to some extent, of voluntary movements. The pupils are at first generally contracted, frequently in an unequal degree; but in some cases they are largely dilated, and insensible to the stimulus of light. More or less paralysis is associated with the attack, however light the stroke. Generally, one side of the body is motionless, constituting *hemiplegia*. The tongue is twisted towards the paralyzed side, deglutition is lost, or greatly impaired, respiration is slow and heaving, and the breathing loud and stertorous. Constipation and retention, or involuntary discharge of urine, are also attendant symptoms. Though the power of voluntary motion is generally entirely lost, there is sometimes more or less rigidity or spasmodic contraction of the muscles, confined, of course, to the unparalyzed side. The pulse is sometimes slow, full and bounding; at other times it is weak, small and intermittent. In the former case, there is more or less heat and flushing of the face, with warmth of the extremities; in the latter, the face is pale and shrunken, aud the extremities cold.

TREATMENT.—During the paroxysm the patient should be kept in such a position as will favor the return of blood from the head. The head and shoulders should be raised by pillows; the clothing loosened about the neck and chest, and obstructed access of cool air to the patient's chamber at all times secured.

The lower extremities should be kept warm by means of frictions, warm foot baths, flannel wrappings, etc.; and the bowels emptied from time to time with lavements of tepid water, to which may be added, if necessary, a tablespoonful or two

of sweet oil. Attention, also, should be paid to the bladder, and the urine drawn off with the catheter whenever necessary.

DIET AND REGIMEN.—In the early stages of the attack, the diet should consist exclusively of gum water, barley or rice water, toast water, and such like farinaceous drinks; but as the case advances, and improvement sets in, more nutritious substances may be cautiously administered, such as milk, soft boiled eggs, beef tea, etc., provided no ill effects are thereby produced; but if, on strengenthing the diet, the face becomes flushed, and headache ensues, all stimulating articles of diet should be immediately withdrawn.

THERAPEUTIC INDICATIONS.

Arnica.—Drowsiness, with moaning and insensibility; eyes staring and dim; pupils contracted or dilated; pulse full and strong; respiration labored and snoring; involuntary evacuations of fæces and urine; paralysis, especially of the *left* side. This remedy is suitable for cases depending either upon extravasations or determinations of blood.

Baryta.—Drowsiness, semi-consciousness, or coma somnolentum; obscuration of vision; pulse small and irregular; breathing short and suffocative; frequent discharges of urine and fæces; paralysis, especially of the *right* side; mouth and tongue drawn to one side; great restlessness and moaning.

Belladonna.—Drowsiness, stupor, loss of consciousness; eyes red and staring; pupils dilated; pulse full and slow; breathing labored, irregular and stertorous; convulsive movements; paralysis of limbs, tongue, etc.; involuntary discharges of fæces and urine; redness of the face and icy coldness of the extremities.

Cocculus.—Vertigo, stupor, and loss of consciousness; spasmodic rolling of the eyes, with the lids half closed; dimness of vision; pupils contracted or greatly dilated; pulse small and hard; breathing tight and oppressed, with snoring; frequent

evacuations ; convulsions and paralysis, especially of the lower limbs ; and strong determination of blood to the head.

Lachesis.—Drowsiness, sopor and insensibility ; eyes dim and distorted ; pulse small, weak and irregular, or full and hard ; respiration labored, with slow, heavy, whizzing breathing ; bowels generally constipated ; trembling of the muscles ; paralysis, especially of the left side ; and congestion to the head, with blueness of the face.

Laurocerasus-—Insensibility, with complete loss of consciousness and sensation ; eyes distorted and staring ; vision lost ; pupils contracted and immovable ; pulse small, slow and irregular ; convulsions, with subsequent paralysis, including paralysis of the sphincters ; great coldness, with deficient susceptibility to the action of remedial agents.

Mercurius.—Vertigo and loss of consciousness ; dilatation of pupils, with vanishing of sight ; feeble, slow and trembling pulse ; dyspnœa ; urine dark and turbid ; constipation ; spasmodic movements ; paralysis ; great sinking and prostration.

Nux Vom.—Sopor, with snoring ; eyes dull and blurred ; pulse full and hard, or small and collapsed ; suffocative fits, or anxious dyspnœa ; retention of urine; constipation ; paralysis, especially of the lower limbs ; attacks preceded by vertigo, roaring in the ears, headache, etc.

Opium.—Sopor, preceded by vertigo, cephalalgia, etc. ; pupils dilated and insensible ; pulse, slow, weak and intermittent ; respiration slow and snoring ; constipation ; retention of urine ; convulsive movements, with trembling of the limbs ; red and puffed face ; attacks preceded by cerebral congestion ; disposition to sleep, and vacant look.

Pulsatilla.—Drowsiness and loss of consciousness ; eyes dull and bleared ; pulse very weak ; respiration impeded and rattling ; retention or incontinence of urine ; constipation ; ex-

cessive debility and trembling; crimson hue of the face, with swelling; and, if occurring at or before the climacteric period, an arrest or disturbance of the menstrual functions.

Stramonium.—Vertigo, stupor and insensibility; pupils dilated and insensible; pulse small, irregular and almost extinct; deep stertorous breathing; frequent blackish stools; involuntary emissions of urine; spasmodic rigidity and trembling; loss of sense and of voluntary motion, with suppression of all the secretions.

Zinc. met.—Great drowsiness, with frightful dreams, or stupor; weariness, with vanishing of sight; quick and irregular pulse; spasmodic dyspnœa; retention of urine; constipation; paralytic weakness, heaviness and trembling; cold hands and feet, stupefying headache, and livid face.

COUP de SOLEIL; SOLIS ICTUS,—SUNSTROKE.

SUNSTROKE may be defined to be a paralysis of the cerebral functions caused by heat, the result, generally, of long continued exposure to the direct rays of the sun. It is a disorder, which, so far as the general symptoms are concerned, bears a close resemblance to apoplexy; indeed, until within a recent period, it has commonly been regarded as a species of that disease. Since, however, the term is used to denote two different conditions, namely, true *sun stroke* and *thermic exhaustion*, it is well to remember, that while the former is distinguished by intense fever, the temperature ranging from 108° to 112°, together with symptoms denoting a profound depression of the nervous system, such as insensibility or loss of consciousness, dyspnœa, lividity of the face, stertorous breathing, coma, convulsions, paralysis, etc.; the latter, on the contrary, is characterized by faintness, or a tendency to syncope, a pallid countenance, a pale, cool and moist skin, and a rapid but feeble circulation.

SYMPTOMS.—The attack is generally preceeded by certain premonitory symptoms, such as excessive thirst, more or less giddiness or vertigo, a sense of faintness, frequent disposition to urinate, stupidity, and sometimes drowsiness. The bowels are generally constipated, but sometimes diarrhœa occurs, especially in the case of children. Unless relieved, the patient either gradually or suddenly, falls into a state of insensibility, attended with coma, stertorous breathing, convulsions, etc.; or he is attacked with syncope, which not unfrequently proves immediately fatal.

ETIOLOGY.—A hot, *moist** and close atmosphere, over exercise, tight and unreasonable clothing, the breathing of vitiated air, and whatever tends to produce suffocation, all conspire to produce an attack; especially if there be superadded, great bodily fatigue, a heated atmosphere, or prolonged exposure to the direct rays of a tropical sun. Hence, soldiers serving in hot climates often suffer from sunstroke, their warm, tight-fitting uniforms, heavy accoutrements, and long, weary marches, predisposing to, and frequently precipitating such attacks, especially when exposed to the rays of a burning sun.

Dr. R. R. Gregg, of Buffalo, the author of what is known as the "*vapor theory*," assumes the cause of sunstroke to be "pressure upon the brain by vapor generated from the water of the blood by the excessive heat of the body that exists in such cases." This may possibly be true, at least in some cases, but as it is a mere hypothesis, it is not entitled, in the present state of our knowledge on the subject, to any great weight. One thing, however, is certain, the true and only known cause of sunstroke is heat, and heat alone, but the *modus operandi* of its action has not yet been demonstrated.

* "When the air is already charged with vapor, evaporation takes place slowly. Hence the deadly nature of heat and moisture when combined. The evaporation from the skin being checked the body has lost its power of cooling itself. In these facts is to be found the explanation of the circumstance, that in the dry air of southern central Africa, sunstroke is least frequent, whilst it is most fatal in the moist climate of the low plains of India. Moisture in the air is therefore a favoring circumstance for the production of sunstroke."—Dr. H. C. Wood, Jr.

PATHOLOGY.—As already remarked, the opinion was long entertained, that sunstroke is simply a form of congestive apoplexy. Hence, the old, but generally fatal treatment by bleeding. It is now known that the chief pathological state is one of extreme pulmonary congestion, the brain itself being in a normal or nearly normal condition. This fact is well illustrated by the post-mortem appearances in the three fatal cases observed by surgeon Russel, of the 68th regiment of British troops stationed at Madras, and described by him in a communication read before the London College of Physicians, and afterwards published in the *Medical Gazette*. "The brain," he says, "was, in all, healthy; no congestion or accumulation of blood was observable; a very small quantity of serum was effused under the base of one, *but in all three the lungs were congested even to blackness through their entire extent*; and so densely loaded were they, that complete obstruction must have taken place. There was also an accumulation in the right side of the heart, and the great vessels approaching it."* In these, as in other cases, death resulted from asphyxia.

TREATMENT.—The burning temperature of the surface, especially of the head and neck, should be reduced as quickly as possible by the free application of cold water, ice, cool air, etc., to the surface, at the same time that the great nervous depression, and consequent embarrassment of the circulation, is overcome by the cautious administration of stimulents. Whenever practicable, *the cold effusion* to the head, neck and shoulders, continued until the temperature sinks to 98° or 100°, is the most speedy and effective way of rescuing the patient from his state of extreme danger. The same end, also, may be speedily and safely accomplished by the judicious use of warm water, so applied as to promote evaporation from the surface.* Thermic exhaustion on the contrary, and the various complications and

* Graves' "Clinical Medicine," *Th'd. Am. Ed.*, p. 118.

* See *Am. Hom. Obs.*, vol. vi, p. 55.

sequelæ, such as convulsions, nausea, vomiting, meningitis, etc., will be best met by time—which is an essential element of cure in most cases—aided by suitable internal medication, agreeable to the following:

THERAPEUTIC INDICATIONS.

Aconite.—Burning heat, especially in the head and face, with burning dryness of the skin, excessive thirst, redness of the eyes and cheeks, restlessness and anxiety, nausea, vertigo, and headache aggravated by warmth.

Aconite is well adapted to relieve the sufferings excited by sunstroke, or by exposure to intense heat, and also to guard against the dangers of excessive reaction; but it should never be employed in a low form at least, until the period of greatest depression is fully passed.

Antimonium tart.—The leading indications for the use of this remedy are similar to those given for Aconite, and it should be used with the same precautions; but it is more especially indicated when, in addition to those symptoms, there is much gastric disturbance, great prostration, languor and sense of exhaustion, or when attended with syncope, convulsions, or paralysis.

Belladonna.—This remedy is indicated whenever brain symptoms predominate, such as severe headache, vertigo, delirium, sensitiveness to light and sound, great anguish, etc., and also when the attack is sudden, the patient falling down insensible, as in apoplexy, with coma, stertorous breathing, lividity of the face, and other symptoms of cerebral and pulmonary congestion.

Bryonia.—is indicated when, in addition to most of the symptoms already mentioned, there is heaviness and weakness of the limbs; when the slightest exertion occasions fatigue; and when there is a marked tendency to syncope, or much uneasiness and apprehension; also when there is great weakness of digestion, with more or less nausea, vomiting and diarrhœa, especially in children.

Camphor.—During the first stage, when great depression of both the nervous and circulatory systems exist; also, after reaction sets in, provided Aconite, Belladonna and Bryonia fail to relieve.

Glonoine.—Intense headache, with throbbing in the front, top and back part of the head, especially when followed by sudden loss of consciousness.

Helleborus.—Persistent headache, attended with drowsiness, or other evidence of serous effusion within the cranium.

Hyoscyamus.—When attended with cephalalgia, sleeplessness, delirium, convulsions, syncope, enuresis, or diarrhœa.

Silicea.—Frequent micturition, obstinate constipation, great thirst, nausea, vomiting, and other gastric derangements.

Veratrum vir.—Thermic fever, with great heat of skin, persistent diarrhœa, violent dyspnœa from pulmonary engorgement, convulsions, paralysis, or syncope.

DIET AND REGIMEN.—Gastric derangements, disturbances of the circulation, and various cerebral affections, such as epilepsy, insanity and paralysis, resulting from the profound depression of the nervous system, and consequent injury sustained by the great nerve centres, are among the more persistent symptoms of sunstroke, and give rise to great physical prostration, which often lasts for years; calling for the exercise of sound discrimination and judgment as to diet, clothing, exercise, climate, and other hygienic influences. The food should be plain and of easy digestion, special regard being had to such articles of diet as are rich in phosphorus, such as fresh scale fish, raw oysters, corn and oat-meal pudding, Graham bread, etc. The clothing should be carefully adapted to the season, and the sensibility of the patient, being neither too thick and warm, nor too thin, since both heat and cold are oppressive and injurious.* For this reason, the patient should, if possible, go north in summer, and south in winter; and this should be repeated,

* See *Am. Hom. Obs.*, vol. ix, p. 210, *et seq.*

if necessary, from year to year, until such time as the patient can bear the varying temperature of his own home. If this is impracticable, underclothing made of soft buck-skin,or fur, may be worn in winter, and such other precautions taken against the effects of cold and heat as the peculiar circumstances of each case may require. Finally, the patient should be encouraged by the assurance, that but few cases are so hopeless that time—which, as already stated, is often an essential element of cure—will not, in conjunction with suitable remedial measures, be attended with entire relief.

CONCUSSION OF THE BRAIN.

We shall close our chapter on diseases of the brain, with a few remarks on concussion, which though an injury instead of a disease, requires medical treatment for its management, and therefore belongs to the domain of medicine, rather than surgery, where it is commonly placed.

Concussion may be defined to be, a shock communicated to the nervous system by some external violence, such as a blow or fall, whereby its functions are temporarily suspended, and the vital powers more or less depressed. Sometimes the depression is very slight, and the patient quickly recovers; at others, the shock is so severe as greatly to impede the circulation and retard recovery; while at other times the depressed condition continues, and the patient sooner or later sinks. In the more severe cases, when the system rallies, vomiting is apt to ensue; this is a favorable sign, as it tends by equalizing the circulation to promote recovery.

Degree of Injury.—As might be inferred, every degree of injury has been observed in fatal cases. Sometimes actual rupture occurs; at others, a soft or semi-diffluent state is produced; while in other cases, even in those in which the shock and consequent depression are the greatest, no lesion whatever can be discovered. In these cases, no doubt, the patient dies

from the effects of the shock alone ; while in the others, the injury to the brain interferes with the circulation through it, and though the effects of the concussion upon the general system may be no greater, the character of the injury is such as to permanently depress the vital powers, and death, sooner or later, is the inevitable consequence.

FINAL RESULTS.—The final results of the injury are as various as the immediate effects. As we have said, some cases soon recover ; others rally slowly, the paralysed brain gradually regaining its power and functions ; and the patient, after remaining, it may be, for hours in a cold and semi-moribund condition, slowly recovering his activity and senses ; but suffering for a longer or shorter period from headache, confusion of thought, giddiness, and impairment of the mental powers. In other cases, again, should the patient survive the immediate effects of the injury, an irritable state of the brain may remain, or such an impairment of its functions, as to render it liable to inflammation under the operation of almost any exciting cause, such as excess in eating and drinking, mental emotion, etc.

SYMPTOMS.—The symptoms of concussion are, generally, a greater or less degree of pallor, coldness, flaccidity of the muscles, and insensibility. Commonly, all power of motion is lost ; and if the patient is capable of being partially aroused, he immediately relapses again into a stage of semi-unconsciousness or insensibility. In this stage the pulse is slow and feeble, the pupils contracted, and the surface pale and cold. The *second stage* is characterized by returning warmth and color, the restoration of consciousness and the power of motion, and the gradual re-establishment of the circulation. This stage is generally accompanied by more or less vomiting, depending upon the severity of the concussion. The *third stage* is marked by extreme physical prostration, a cold, clammy, semi-moribund

condition, continuing sometimes for hours, and at last gradually yielding to recovery, or terminating in death.

TREATMENT.—This should be directed, first of all, to overcoming, as speedily as possible, the depression of the vital powers, being careful at the same time not to over-stimulate the circulation, but simply aiming at the re-establishment of the normal condition. This can generally be best effected by wrapping the patient in warm blankets, applying friction to the surface, and using dry heat* to the extremities etc. As soon as the patient is able to swallow, he may be allowed to drink moderately of simple warm teas; but alcoholic stimulants should be carefully avoided, unless the depression is so great as to imperatively demand their administration, when the quantity should be regulated by the exigencies of the case.

The chief remedies for concussion, together with the leading THERAPEUTIC INDICATIONS, are given in the subjoined table. Consult, also, TABLE XII, and the THERAPEUTIC INDICATIONS, under the head of APOPLEXY.

TABLE XI.

CONCUSSION.—SYNOPSIS OF TREATMENT.

1. *Premonitory Symptoms.*—Bell., Dig., Euphor., Hep. Ign., Phos. ac., Rut., Sulph., Verat.

2. *First Stage,*—Arn., Ars., Cic., Cocc., Con., Laur., Verat.

3. *Second Stage.*—Arn., Bry., Chin., Euphor, Hep., Ign., Nux. v., Op., Phos., Rhus., Sulph., Verat.

4. *Third Stage.*—Ang., Cic., Cocc., Con., Dig., Ign., Iod., Merc., Phos. ac., Rhus., Sulph., Zinc.

* In the case of young children, the warm bath, or hot foot bath, may be used with the greatest advantage, care being taken to prevent the patient getting chilled during its administration; but in the case of adults, dry heat is generally the handiest as well as the safest mode of applying heat to the surface, the patient being surrounded by hot bottles, or some equivalent substitute.

5. *Muscular System.*—Ang., Calc., Euphor., Iod., Phos. ac., Puls., Sulph., ac.; *trembling*—Aug., Cic., Cin., Hep., Ign., Nux. v.; *spasms*—Arn., Ars., Cocc., Con., Laur., Rhus., Sulph., Verat., Zinc.; *paralysis*—Ang., Calc., Cin., Euphor., Hep., Ign., Puls., Rut., Sulph. ac.; *tendency to paralysis.*

6. *Sensorium.*—Dig., Euphor., Hep., Ign., Phos. ac., Rut., Sulph., Verat.; *giddiness*—Aug., Cin., Con., Iod., Puls., Rhus., Sulph. ac.; *drowsiness*—Arn., Ars., Calc., Cic., Cocc., Laur., Merc., Zinc.; *insensibility and unconsciousness.*

TABLE XII.

CEREBRAL DISEASES AND REMEDIES.

A. HYPERÆMIA.—Acon., Arn., Bell., Bry., Coff., Merc., Nux. v., Op., Puls., Rhus., Verat., *Anac., Calc., Cham., Chin., Con., Dig., Dulc., Ign., Ipec., Lyc., Phos., Sil., Sulph.,* Camph., Caps., Coloc., Hyos., Sep., Spig., Tart., e.

B. ANÆMIA.—Ars., Chin., Fer., Nat., Puls., Staph., *Calc., Carb. v., Cin., Hep., Kal., Lyc., Lach., Merc., Nat. m., Nux. v., Phos., Phos. ac., Sep., Sil., Sulph., Verat.,* Arn., Bell., Bry., Cham., Nit. ac., Rhus.

C. VERTIGO.—Acon., Arn., Bell., Bry., Lyc., Nat., Nux. v., Petr., Phos., Rhus., *Calc., Camph., Cann., Carb. v., Cocc., Dig., Graph., Ipec., Nat. m., Nit. ac., Op., Puls., Sec. c., Thuja., Verat.,* Amb., Merc., Mosch., Phos. ac., Stram.

D. STUPOR.—Ant. t., Cro., Op., Verat., *Ant. c., Bell., Brom., Camph., Cic., Con., Hell., Lact., Laur., Phos. ac., Puls., Plumb., Stram., Zinc.,* Arn., Ars., Bar. c., Caus., Cocc., Dig., Lach., Led., Phos., Sec. c., Sep.

E. INSOMNIA.—Calc., Camph, Cham., Chin., Coff., Kal., Lyc., Merc., Mosch., Puls., Rhus., Sep., *Ars., Bell., Bry., Cin., Con., Fer., Hep., Hyos., Nat., Sil., Sulph.,* Acon.,

Anac., Cann., Caus., Dig., Dulc., Ign., Lach., Led., Nat. m., Nit. ac., Nux. v., Phos., Plumb., Sang., Spong., Thuja., Verat.

F. CEPHALALGIA.—ACON., BELL., CIM., COLOC., GLON., MERC., NUX. V., PULS, SANG., STRAM., *Bry.*, *Calc.*, *Cham.*, *Chin.*, *Igna.*, *Ipec.*, *Sep.*, Camph., Caps., Cupr., Con., Dulc., Hyos., Op., Rhus., Sil., Spig., Sulph., Tart. e., Tong., Verb., Vio. t., Ver. v.

G. MENINGITIS.—ACON., BELL., BRY., HEL., HYOS., OP., STRAM., SULPH., *Ars.*, *Arn.*, *Camph.*, *Canth.*, *Cin.*, *Con.*, *Cupr.*, *Dig.*, *Lach.*, *Merc.*, *Rhus.*, Coff., Crot., Glon., Nux. v., Phosp., Puls., Sil.

H. CEREBRITIS.—ACON., ARS., BELL., GLON., IOD., PLUMB., *Arn.*, *Bry.*, *Hyos.*, *Hep.*, *Sulph.*, *Con.*, *Merc.*, *Phos.*, *Rhus.*, Crot., Coff., Nux. v., Puls., Ver.

I. ACUTE HYDROCEPHALUS.—ACON., ARN., ARS., BELL., BRY., HEL., MERC., SULPH, *Cin.*, *Con.*, *Dig.*, *Hyos.*, *Lach.*, *Merc.*, *Op.*, *Stram.*, *Coff.*, Nux. v., Puls., Ver.

J. CHRONIC HYDROCEPHALUS.—ARS., CALC., HEL., MERC., PLUMB., SIL. SULPH., ZINC., *Apoc. a.*, *Apoc. c.*, *Ascl. s.*, *Collin. c.*, *Dig*, *Equiset.*, *Eup. p.*, *Junip.* Sumb.

K. APOPLEXY.—ARN., BAR. C., BELL., COCC., LACH., NUX. V., OP., PULS., *Acon.*, *Anac.*, *Ant. t.*, *Coff.*, *Con.*, *Dig*, *Hyos.*, *Ipec.*, *Laur.*, *Merc.*, *Stram.*, *Zinc.*, Ant. c., Ang., Calc., Cin., Ign., Iod., Verat.

L. COUP DE SOLEIL.—ACON., ANT. T., BELL., BRY., CAMPH., GLON., HELLEB., HYOS., SIL., VER. V., *Carb. v.*, *Nux. v.*. *Op.*, *Thuj.*, *Zinc.*, Amyl. n., Gels., Scut. l.

M. CONCUSSION.—ARN., ANG., ARS., BELL., CALEN.' CIC., CON., EUPHOR., HEP., MERC., PETR., PULS., RHUS., RUT.' SULPH., VERAT., *Calc.*, *Cin.*, *Cocc.*, *Dig.*, *Ign.*, *Iod.*, *Laur.*, *Op.*, Coff., Hyos., Ipec., Stram., Zinc.

Colleges, Societies, etc.

MICHIGAN HOMŒOPATHIC SOCIETY.

The Seventh Annual Meeting was held at Young Men's Christian Association Hall, Detroit, May 17th and 18th.

The meeting was called to order by the president, Dr. A. I. Sawyer, of Monroe. After opening prayer by Dr. A. Walker, of Pontiac, an address of welcome was read by Dr. Charles Hastings, of the Detroit Institute. He alluded briefly to the progress of homœopathy since its introduction into the State thirty years ago, and deplored the bigoted and interested opposition which it had ever been called upon to meet. Reference was also made to the perfect harmony which had always characterized the meeting of this society, in contradistinction to the recent meeting of this State Medical Society at Ann Arbor.

Delegates from the Michigan Institute, Dr. W. M. Bailey, of Lansing, and C. J. Covey, of Grand Ledge, were present for the purpose of perfecting the proposed consolidation of the two societies.

E. R. Ellis and F. X. Spranger were admitted as delegates from the Detroit Homœopathic Institute to the State Society.

The following committees were appointed by the President:

Committee on Medical Bureaus—J. G. Gilchrist, R. B. House and E. L. Roberts.

Auditing Committee—F. A. Rockwith, C. Hastings and W. D. Clark.

The treasurer's report showed a balance due to the treasurer from the society of $45.85.

The Board of Censors reported the following names of persons whom they recommended for membership: Harlow B. Drake, Detroit; A. R. Elblein, Detroit; Byron S. Knapp, Byron; E. C. Fuller, Pontiac; A. H. Thompson, Lapeer; Harvey Gilbert, Bay City; B. H. Lawson, Brighton; J. W. Converse, Wayne; C. C. Miller, Detroit; F. X. Spranger, Detroit; W. A. Gibson, Jackson; A. Walker, Pontiac. They were balloted for and duly admitted.

Dr. Gilchrist presented the following, which had been adopted by the Detroit Institute:

WHEREAS, The recent meeting in Ann Arbor of the Michigan State Medical Society was characterized by a spirit of intolerance, egotism and bigotry which is fast becoming a distinguishing feature of all allopathic representative bodies; and

WHEREAS, The homœopathic school of medicine honestly believe that the percentage of mortality and number of days sickness are smaller than under any other form of practice, and that the allopathic school as honestly believe this statement to be untrue and the whole theory of *similia* to be false; and

WHEREAS, The Board of Regents of the University, the Legislature, the press, and the public generally have uniformly discountenanced and condemned the unfair and hostile attitude which the members of the allopathic faculty have always assumed towards homœopathy; and

WHEREAS, The members of the homœopathic school of medicine fully realize that the individuals and corporate bodies referred to base their opposition to the action of the various old school societies upon a love of justice rather than a championship of homœopathy or any other particular medical doctrine.

Resolved, That this society return their sincere thanks to the Legislature, Board of Regents of the University, the press and all others who are arrayed against medical bigotry and assumption.

Resolved, That this society assure the Board of Regents that they have our hearty and united support in their efforts to maintain homœopathy in the University of Michigan.

Resolved, That we respectfully ask the Board of Regents to give the homœopathic fraternity facilities for comparing results in the treatment of the sick in the two schools of medicine by the establishment of a hospital, dispensary, or public clinic, both in medicine and surgery, believing that the honest men of both bodies desire such a comparison and conclusive test for the purpose of definitely settling the serious questions now in dispute.

The preamble and resolutions were unanimously adopted.

Dr. E. L. Roberts, of Marshall, offered a comparative statement of three years homœopathic and allopathic treatment at the Michigan State Prison. from which it was shown that the number of deaths, number of days labor lost, and cost of hospital stores, was nearly one-half less under homœopathic treatment than under the old school practice. The paper closed with a resolution instructing the officers of the society to appeal to the authorities controlling the State Prison and request the reappointment of Dr. Tuttle or some other efficient homœopathic physician. Adopted.

Drs. W. D. Calvert and W. H. Gibson, of Jackson, and L W. Jones, of Brooklyn, of the Jackson County Homœopathic Society, were received as delegates.

The committee on Consolidation with the Michigan Institute reported a plan for such consolidation by which the Michigan Institute is to surrender its charter and books to the State Society, which is to receive all the members of the Institute who shall pay the dues to the next semi-annual meeting of the State Soctety and sign the constitution.

The consolidation was warmly urged by Dr. Covey, of Grand Ledge, and Dr. W. M. Bailey, of Lansing, and upon the vote being taken the proposition was adopted.

Dr. Sawyer, the president, then delivered his annual address. After alluding to the progress of homœopathy for the past five or six years, and the late disputes in the State Medical Society, the speaker alleged that the ranks of the allopathic profession were no longer a unit, and many of its members were embracing homœopathy. The contentions which have been going on for so long have at last been settled by the people taking the matter into their own hands and settling it to suit themselves. The doctor stated the absolute necessity for a larger appropriation from the State for the purpose of erecting another building at Ann Arbor, and the maintenance of a permanent hospital ward for the practice of homœopathy in connection with the University. He deplored the present low salaries allowed by the

Regents to homœopathic professors, and expressed the hope that something might soon be done to increase them. Since the consolidation of the State Society and the Michigan Institute the president felt confident that the Michigan Society would soon be the strongest State organization in the country.

At the conclusion, a vote of thanks was given the president for his address.

A committee to report at the semi-annual meeting in May was appointed to receive the books and papers of the Michigan Institute, as follows: W. J. Calvert, of Jackson, Chas. Hastings, of Detroit, and L. M. Jones, of Brooklyn.

On motion of Dr. F. A. Rockwith, the hospitality of the society was extended to the members of the Michigan Institute, and they were requested to participate in the meetings.

The society then proceeded to elect officers with the following result:

President—A. I. Sawyer, of Monroe.
First Vice President—W. J. Calvert, of Jackson.
Second Vice President—Amos Walker, of Pontiac.
Secretary and Treasurer—I. N. Eldridge, of Flint.
Corresponding Secretary—J. G. Gilchrist, of Detroit.

Drs. R. B. House, L. M. Jones and F. Woodruff were appointed a committee to examine the bill of Messrs. Lawrence & Seymour, for legal services, and the meeting adjourned until evening.

The evening session having been called to order, it was voted that all members in arrear for dues should pay up in full by the last day of June next.

The committee on Bureaus reported the following for the ensuing year, together with the chairman, for each bureau:

Materia Medica—S. A. Jones, of Ann Arbor.
Theory and Practice—J. C. Morgan, of Ann Arbor.
Surgery—A. I. Sawyer, of Monroe.
Opthalmology—Harvey Gilbert, of Bay City.
Gynæcology—I. N. Eldridge, of Flint.
Obstetrics—E. R. Ellis, of Detroit.
Pædology—F. Woodruff, of Detroit.
Pathology—J. G. Gilchrist, of Detroit.
Microscopy and Histology—F. A. Rockwith, of Saginaw.

Dr. Z. W. Shepard, of Quincy, and Dr. O. G. Read, of Compton, were admitted to membership.

Dr. E. R. Ellis, of Detroit, read a paper giving a history of the formation of the Detroit Homœopathic Institute.

A resolution was offered by Dr. Charles Hastings, of Detroit, directing the secretary to advertise the Homœopathic College at Ann Arbor.

Dr. Ellis thought this would be a misappropriation of the funds of the institution.

The president stated that he had received a letter from President Angell, urging the advertising of the school, and that it should be begun at an early date.

The matter was finally referred to the steward of the University.

Dr. F. A. Rockwith, of East Saginaw, then read a paper, entitled "Commendary Annotation upon Plumbum."

Dr. J. G. Gilchrist followed with a paper by Prof. J. C. Morgan, on "Animal Parasites," in which several new experiments in the treatment of tape worm were described.

Dr. Rockwith, under the head of Surgery, read a paper on Chronic Diseases of the Bladder.

Dr. Gilchrist read a paper upon Surgery as a Science.

SECOND DAY.

At the opening of the second day's session a communication was received from the Kent County Medical Society expressing regret that none of their members could be in attendance upon this meeting, and tendering congratulations upon the flourishing condition of homœopathy in the State.

On motion of the secretary Dr. Sawyer was added to the Committee on Claims.

The Board of Censors reported for membership the names of Drs. J. J. Whitfield, H. A. Whitfield, C. M. Prindle, of Grand Rapids; Wm. M. Bailey, of Lansing; G. N. Brigham, J. D. Craig, A. B. Botsford, of Grand Rapids, and C. S. Morley, of Grand Rapids; M. J. Spranger, of Detroit. They also presented the name of Prof. C. J. Hempel, of Grand Rapids, as an honorary member. The report was accepted, and the gentlemen named were duly elected.

Dr. Chas. Hastings, of Detroit, offered a resolution for the appointment of a committee of three to revise the constitution and by-laws, reporting at the next annual meeting. Drs. Hastings, Woodruff and Gilchrist appointed.

Dr. Gilchrist offered a resolution, which was adopted, indorsing the Homœopathic Mutual Life Insurance Company of New York.

Dr. Ellis, of Detroit, presented two or three medical and surgical patients, explaining their peculiarities. The cases were those of jaundice, varicose ulcer of the leg, and fracture of the elbow joint.

Dr. W. J. Calvert, of Jackson, read a paper on "Pecuniary Compensation of Physicians." In the course of the paper an account was given of an organization of the physicians of Jackson, regulars and homœopaths acting in concert, for the collection of accounts. By this plan accounts are placed in the hands of a collector once a month and they are required to be satisfactorily settled; otherwise no member of the association will render further service to the delinquent. A detailed fee bill was given by the author of the paper. This was criticised by several of the members who thought that no rigid scale of charges could be established which would apply to all locations and to

all classes of people. Another paper on the same subject was read by Dr. George H. Palmer, of St. Clair. After some further discussion the fee bill was referred to a special committee, consisting of Drs. F. A. Rockwith, A. H. Thompson and C. C. Miller.

Dr. Rockwith presented a paper on "Ophthalmology," written by Dr. Harvey Gilbert, of Bay City, which was read by its title and referred to the publication committee.

Dr. E. R. Ellis presented a report and resolution directing the delegates to request the American Institute of Homœopathy to hold its next annual session in this city. It was unanimously adopted.

Dr. Charles Hastings, from the bureau of Sanitary Science, read a paper on the State Board of Health. He condemned their action on criminal abortion, taking the ground that the severest penalties should be enacted and enforced for the suppression of the crime. Moral force alone cannot be relied upon to suppress it; it should be made a capital offense, He thought the Board of Health had failed to accomplish what the people had expected of it. The only thing which it seems to have done was to analyze the water of the Saginaw River and to issue cards giving means for resuscitating the drowned. He suggested a variety of things which they might have done which would have been of greater usefulness, but which have been utterly neglected. The paper was referred to the publication committee.

The report on Obstetrics was read by Dr. Palmer, of St. Clair, and took the usual course.

The committee on "Gynæcology" asked an extension of time in which to make their report and were granted such an extension until the next semi-annual meeting. The bureau of "Surgical Therapeutics" claimed Dr. Rockwith's paper on "Diseases of the Bladder." The bureau of pathology, mental diseases and of the muscular and nervous systems were not prepared to report.

Dr. DeForest Hunt, of Grand Rapids, read a paper on "Atropic Cerebro-spinal Meningitis," which lead to some discussion, participated in by Drs. B. F. Bailey, E. L. Roberts, F. A. Rockwith and others. The paper was referred to the secretary to be placed on the general order.

A paper on "Differential Diagnosis of Insanity," written by Dr. D. D. Bartholomew, of Holly, was presented, but was referred to the Publication Committee without being read.

Some discussion then ensued upon the proper method of assigning subjects to the members for the preparation of papers. Dr. Gilchrist thought members should be allowed to choose their subjects, instead of having them assigned without any reference to the previous study or the taste of the members. Dr. Rockwith thought the society did not want to listen to essays gleaned out of books. What was wanted was original research, original ideas and personal observation. Dr. Jones thought great good might be derived by members being assigned to subjects to which they have not paid sufficient attention.

They are thereby prompted to study and examine new branches. The whole matter was referred to the proper committee.

Dr. Hastings offered a resolution indorsing the homœopathic department of the University of Michigan, commending it to all persons desiring to study medicine, and pledging the society to use every effort to sustain and encourage the school. Considerable discussion ensued, in which nearly every member felt himself called upon to explain his position with reference to the University. The resolution was finally adopted unanimously.

On motion of Dr. Calvert it was voted to hold the next semi-annual meeting at Ann Arbor.

On motion of Dr. Hunt it was voted to hold the next annual meeting at Grand Rapids in May, 1877.

The president announced as the Executiue Committee Drs. DeForest Hunt, A. B. Botsford and J. D, Craig, all of Grand Rapids.

The society then proceeded to the election of delegates to the American Institute of Homœopathy, which meets with the World's Homœopathic Congress at Philadelphia, on the 26th of June next. Drs. F. Woodruff, of Detroit; A. I. Sawyer, of Monroe; I. N. Eldridge, of Flint; W. J. Calvert, of Jackson, and J. G. Gilchrist, of Detroit, were chosen. They were directed to invite the American Institute to hold its next annual meeting in Detroit in 1877.

The meeting then adjourned.

By invitation of Dr. and Mrs. E. R. Ellis, the members of the society spent the evening at their residence, 52 Adams avenue, where a very pleasant social occasion was enjoyed.

DETROIT INSTITUTE OF HOMŒOPATHY.

Society met at the office of Dr. Gilchrist, May 8th, 1876, the president, Dr. Hastings, in the chair. Drs. Harlow B. Drake, and Jacob DeCou, were proposed for membership, and elected.

Dr. Hastings was elected delegate to the AMERICAN INSTITUTE OF HOMŒOPATHY, and instructed to invite the *Institute* to hold its next session in Detroit.

Drs. E. R. Ellis and F. X. Spranger were elected delegates to the *Michigan State Society*, and instructed to urge said body to unite with the *Detroit Institute*, in inviting the National Society to Detroit in 1877.

On motion of Dr. H. C. Allen, the Pres., Vice Pres., Sec'y. and Scribe together with Dr. Ellis, were appointed a committee to welcome the State Society to our city, and extend to them the usual courtesies.

Dr. Hastings then read a paper upon the subject of *Scarlatina*, taking the ground that the cause was to be found in the introduction of spares or vitalized bodies, into the system, through the mucous surfaces, particularly when abraded. That the mortality was greater than in other diseases, the contagion more active, and that proplylaxis was unavailing. He also considered isolation, as in the case of small-pox, the proper course to be pursued, and offered resolutions calling upon the city council to enforce such measures.

Dr. Gilchrist objected to the doctrine of contagion contained in the paper, but did not doubt the communicability of the disease. He thought the most recent scientific investigations went to disprove the germ theory of disease, considering the presence of bacteria, spores etc. as the result, not the cause of morbid action. He cited authorties, Cooke, Berkely, Cunningham, Lewis, and others, in this connection.

Dr. H. C. Allen, objected to the paper upon similar grounds, and thought if the etiological positions were true, we ought to call for the same isolation in cases of typhoid and malarial fevers. While admitting the contagiousness of Scarlatina, did not think that the standard authorities of the day would support the germ theory.

Dr. Bailey, while willing to adopt the resolutions in part, thought the rate of mortality was placed altogether too high ; did not consider the disease nearly as fatal as the paper represented ; did not believe the resolution would accurately represent the opinion or experience of the society in general.

Dr. Ellis had no doubt as to the contagiousness, was willing to admit that the plan of isolation proposed would be of benefit, but thought the cryptogamic theory would be hard to establish, and being a matter in dispute, and one that would remain unsettled for some time, thought that portion of the resolution had better be omitted. Did not endorse the idea that we had no prophylaxis ; considered Belladonna a well-tried preventive and cited numerous cases in illustration. Thought that the danger of contagion was greater during the period of disquamation, the scales thrown off being the vehicles.

Drs. Spranger and others followed with a few general remarks.

The further discussion of the paper was then laid over to the next meeting.

Dr. Bailey representing that some two or three drug stores were selling so-called homœopathic medicines, was appointed a committee to report the facts, and on enquiry as to the genuiness and reliability of the preparations.

Dr. E. R. Ellis was appointed essayist for the next meeting, and announced his subject as *Variola*.

The Institute then adjourned to meet at the office of Dr. Hastings, June 12th, 1876.

WESTERN ACADEMY OF HOMŒOPATHY.—The second anniversary and third regular session of the Western Academy of Homœopathy is to be held at Galesburg, Illinois, commencing Tuesday, June 6th, 1876, and continuing two days.

Chairmen of Bureaus are expected to give their personal attention to papers relating to their Bureaus, which may be referred to them.

Members unable to attend should send papers to Chairman of Bureau to which their article relates. Members not on Bureaus may send articles to General Secretary, with title or subject of papers.

An Applicant for membership should address the General Secretary, giving full name and address, time and place of graduation, and be endorsed by three members of the Academy having a personal acquaintance with him.

Applications should be sent to the General Secretary not later than the 1st of June. Applications may also be made at the meeting.

Papers and other documents sent to the General Secretary will receive prompt attention.

Any information regarding the Academy may be obtained by addressing J. Martine Kershaw, M. D., General Secretary, north west corner Fourteenth and Olive Streets, St. Louis, Mo.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

The *New England Medical Gazette* says: The summer term of this school opened on Monday, March 13, 1876, with a large class, and many new additions to the school. The term, which closes the last of June, is devoted to recitations and readings under the direction of the professors, interspersed with lectures not included in the winter course, and many demonstrations, clinics, and practical illustrations. Medical Chemistry will be taught in the laboratory, where each student will familiarize himself with those tests and manipulations required in the daily practice of the physician. This can be done better in the summer term than in the winter or lecture season. This practical study will soon become an essential to graduation in this school, the standard of which will be raised higher with each succeeding year.

NEW YORK OPHTHALMIC HOSPITAL.

FEBRUARY, MARCH, APRIL, 1876.

Prescriptions: February 2,438; March 2,814; April 2,818, 3 months, 8,070.
New Patients: February 268; March 381; April 397, 3 months, 1.046.
Resident Patients, February 35; March 34; April 34.
Average daily attendance, February 102; March 104; April 113.
Largest " " February 166; March 162; April 162.

American Observer.

EDWIN ALBERT LODGE, M. D, DETROIT, MICHIGAN, GENERAL EDITOR.

LETTER FROM PROF. JONES.

ENGLEWOOD, N. J, May 10, 1876.

MY DEAR DOCTOR.—The *Observer* for May has just arrived, and I find myself announced as having lost a son—*another* son. I am inexpressibly thankful that it was an error. None of my little ones were ill in March; and when I did have diphtheria in my family, more than a year ago, we got on nicely without the *Aconite, Kali bichrom. Mercur. Proto-iod.*, and the *teapot* so highly commended in your leading article.

I am grateful for the expression of your sympathy, and more than grateful that I am not in need of it.

Sincerely yours, SAMUEL A. JONES.

The mistake arose probably from the report of the death of a son of a Professor Jones of the literary faculty in the University of Michigan.

DR. T. F. ALLEN'S RESPONSE.

TO THE EDITOR OF THE AMERICAN OBSERVER.—I have to request you to dissociate my name from Isopathy with which you connected it, in the last numberof your Journal. No one is more orthodox than I, and no one more cordially detests empiricism whether developed from physiological crudities or transcendental dilutions than I. Our school should stick to positive experiment as the only safe basis for therapeutics. I confess myself surprised that you should undertake the impossible task of defending a sentimental fastidiousness in the question of officinality. An expurgated edition of our Materia Medica might be issued (very much after the plan of an expurgated Byron for Boarding Schools), leaving out all "nasty"

drugs and symptoms—but where shall the line be drawn? To me a fungus growing on a rotting dung hill (Agaricus) is quite as objectionable as an excrescence growing from the entrails of a sick whale (Ambra gris.), and the preputial smegma of the musk-deer (Moschus) really less disgusting than the exudation of Ferula Asafœtida. I believe that the line cannot be drawn, and that the old law is still in force that *every noxious substance may be a remedy.*

T. F. Allen, M. D.

New York, May 10, 1876.

We are glad that Dr. Allen wishes to be dissociated from Isopathy, yet we are certain that the general reception of his law "*every noxious substance may be a remedy*," would encumber Homœopathy with the whole load of Isopathic nastiness before many years. (see page 284) Our literature is much soiled therewith even now. The last journal we took up took up to read has *Varolin* for varioloid, another *Psoricum* for itch, and some would foist upon us every filthy excrement and every disgusting product of disease—the matter of cancers, ulcers, fistulæ, leucorrhœa, gonorrhœa, and even syphilis. We cannot believe such things were ever intended to be used as remedies. We have practiced for twenty-seven years without resorting to them, and never intend using them. We know that they are unnecessary in a successful practice. We have hundreds of unproven plants and many minerals, let our provers work in these unexplored fields and thus honor themselves and enrich True Homœopathy.

E. A. L.

The Christian Union.—The *Christian Union* of May 3, says: "It has always been the policy of this paper to disregard the rumors in respect to its circulation and financial condition. Originating as they almost invariably do in sources inimical to Mr. Beecher, we have preferred to let the falsehoods die a natural death. The latest attack, however, is so likely to deceive, that we deem it necessary to state that the *Christian Union* is now upon a sound financial basis, and that far from any prospect or intention of suspending publication, we will by our reorganization be enabled to give a much better and more acceptable paper than ever before. Several valuable improvements in the general contents will shortly be made, and the *Christian Union* enters upon the Centennial year with the highest hopes and brightest prospects of continued success, and, so far as we know, there is no reasonable apprehension that it will not survive to celebrate its own Centennial."

ALLOPATHIC BIGOTRY.

At the Allopathic State Society of Michigan meeting at Ann Arbor on the tenth of May last, a committee of nine was appointed to whom all resolutions touching the University Medical Department were referred.

Objection was made to receiving any of the recent graduates of the University to membership, and their applications were referred to the committee of nine.

A number of communications were received respecting homœopathy in the University, all of which were referred to the same committee of nine.

By request of the president, Dr. Abram Sager, ex-dean of the Medical Faculty of the University, who resigned his position because of the introduction of homœopathy, was escorted by Dr. Jenks to a seat upon the platform amidst the applause of the members of the society.

On the informal ballot for president Dr. Abram Sager had a majority of the votes cast, and on motion of Dr. Rynd, of Adrian, the ballot was declared formal and the venerable doctor unanimously declared elected amidst much enthusiasm.

The committee of nine, reported, through its chairman, Dr. Foster Pratt, of Kalamazoo, submitting a communication, which, after giving a statement of the history of the homœopathic controversy, states: that of the action of the Medical Faculty in accepting the situation but little need be said; we have their personal assurances that while the question was pending in the Legislature they refused to make conditions. The following are the resolutions submitted by the committee:

Resolved, That we are not content with the existing situation of the medical department of the University, because, in our opinion, it is not calculated to maintain or advance medicine as a science, nor is it consistent with the honor or interest of the profession.

Resolved, That a State, under our form of government, cannot successfully teach either medicine or theology, and that the medical profession ought to be its own teacher and the guardian of its own honor.

Resolved, That we regret all legislative interference with the government of the University, as unconstitutional, wrong in its principle, and harmful in its results.

Resolved, That section 4 of the constitution of this State society be amended so as to read as follows, viz: "The resident members should be elected by vote of a majority present at any regular meeting, their eligibility having been previously reported upon by the committee on admission; *provided*, that no person shall be admitted to fellowship who practices, or who professes to practice, in accordance with any so-called "pathy" or sectarian school of medicine, or who has recently graduated from a medical school whose professors treat, or assist in treating those who propose to graduate in or practice irregular medicine."

Dr. Cutter, of Coldwater, made a minority report, agreeing to all the resolutions except the last, to which he objected.

Dr. Rynd said that it was painful to hear such resolutions when the regular profession connected with the college had done all they could to ward of calamity.

Dr. Foster Pratt, of Kalamazoo, chairman of the committee of nine, said he did not care to discuss the resolutions, but wished to call attention to a fact that which might escape the notice of the advocates of the Faculty, viz: No reflection was cast upon regent or professor. The committee had discussed facts and a situation, not thinking it necessary to inquire into responsibility.

Dr. Rynd, of Adrian, interrupted the speaker to ask him if he would have had the Faculty resign.

Dr. Pratt said that he did not know as he was prepared to answer that question without more time to consider. He was not be led into a side issue. Upon the repetition of Dr. Rynd's question he acknowledged that he would *not* have recommended their resignation. But the members of the Faculty would have done much better if they had not sat tamely down, much better if they had said something about the matter.

Regent Rynd again interrupted to say that he had charges from the dean of the Homœopathic Faculty against Prof. McLean in his pocket at that moment for doing this very thing, and for doing it in so severe a manner that it elicited much comment.

Dr. Pratt inquired if McLean urged his objections to homœopathy publicly and in writing.

Dr. Rynd responded "publicly, but not in writing."

Dr. Hitchcock, of Kalamazoo, wanted to know if the regents and Faculty didn't fight this thing. He believed they did to the bitter end. Homœopathy the speaker regarded as a baseless humbug, because it was uneducated. But the Faculty claims that its members are going to be missionaries and make the thing respectable. The society speaks out plainly, it does not want this thing made more capable of maintaining its position by helping to educate it.

Prof. Frothingham, of the medical department of the University, said: The Faculty had not been called upon by the University authorities, he said to affilitate or in any way associate with homœopathy, nor had placed any restrictions upon discussion, nor in the slightest degree interdicted a dignified opposition to all medical errors. Under these circumstances the Faculty could not have resigned without disgracing themselves and casting a stigma upon medical ethics. All the Faculty had been asked to do was to teach what they regarded to be true science, and to teach this to all who came to the University. One of the greatest philosphers of modern times has declared that the only antidote for superstition is knowledge. The history of the world shows nothing plainer than that no great error was ever completely overcome—nothing more than replaced by *another* error—until the truth which was its antidote had been discovered and disseminated. The absurd theory of the *cosmos* was never overthrown until, by the circumnavigation of the globe, the world was shown to be round. Nor could we expect to reform the honest believers in homœopathy by any method other than by showing them how to patiently interrogate nature and learn by what laws she is governed, instead of dictating laws to her, as they now do.

Could the Faculty refuse to teach true medical science to any one without violating our most sacred and ennobling principle of ethics? Could we claim exclusive right to any knowledge, even though we are its discoverers, if it is necessary for the prevention of disease or the relief of human suffering? Because the inventor of the obstetric forceps kept his invention for a long time to himself, for the base purpose of giving him an advantage over his rivals, his name has been handed down to us covered with infamy. If an individual secures a patent for any prescription or instrument, do we not regard him as a quack? Have we not always declared, as a profession, that science is the property of the whole human family, no matter who are its discoverers?

If we have the right to profit by the lessons which even erroneous dogmas may teach us, who shall deny the right of those systems to drink at the fountain of wisdom which they have helped to fill? Are we a trades union that we shall put a patent upon knowledge calculated to reform error and relieve human distress? Shall we *dare* to proclaim to the world that we have secured a patent for our knowledge and skill, and say "Die all ye who are deluded; we have the knowledge to save you, but it is our stock in trade, and it is unlawful to reveal it, except to the elect?" Need I but drag this hideous ethical monster before you to excite your disgust? Before no civilized people can you sustain such a position as this resolution embodies. But pass it, and if you can bear the infamy, I can bear your censure.

Prof. McLean, of the University Faculty, said that he and his colleagues deprecated their association with homœopathy, and have accepted it unwillingly. He thought that they had the monster by the throat now, and if the society would leave them alone they would strangle it. He had had his resignation in writing, and in a letter to Dr. Gross painted the humbug blacker than any other members had painted it. His course of action was approved by medical friends in Europe, Scotland and America. The last winter pretty nearly disgusted all students of the homœopathic department, as well as the two *illustrious* professors who teach it. If in future years homœopathy is in the University, it will be the fault of the society which is now badgering the Faculty.

Dr. Klein, of Detroit, said that the powers of the society were not mandatory. It can ostracise the students and the Faculty from its sessions, but it cannot ostracise homœopathy from the University. One speaker had rightly cast the odium of this matter upon the Legislature. Unfortunately the humble speaker was a member of that body. The merest boy, however, knew as much why the law became a law as he. In concluding the doctor moved to indefinitely postpone the whole subject.

The motion was lost by a vote of 37 ayes to 63 noes. The society then decided take up the resolutions singly.

Dr. Parmenter, of Vermontville, moved to divide the statement from the reason, and vote on each separately. Lost by a vote of 60 to 31.

The previous question was called for and the resolution was adopted.

Dr. Pratt moved the adoption of second resolution and the previous question.

Dr. Rynd moved to adjourn. Lost.

On the previous question the second resolution was carried and adopted.

On the adoption of the third resolution the following amendment was attached by motion of Dr. Rynd, "and that a memorial be forwarded to the next Legislature, stating definitely the position of the State Medical Society on this question, such memorial to be prepared and only forwarded by the Committee of Nine, of which Dr. Foster Pratt is chairman."

On motion to adopt the fourth resolution, Dr. Brodie, of Detroit, left the chair to say that he did not understand the intention of the word *recently* as applied to graduates. As this resolution embodied an amendment to the constitution there was considerable doubt expressed by different members as to the right of immediate adoption. The president stated that the precedent had been to lay an amendment to the constitution on the table for one year.

Dr. Rynd introduced an amendment of the resolution to the effect that all professors engaged in teaching in schools where irregular medicine is admitted will be excluded from this society. Lost.

On motion of Dr. D. A. Post, of Ypsilanti, the fourth resolution was laid on the table for one year.

On motion of Dr. Foster Pratt, the secretary was instructed to transmit a copy of the fourth resolution together with copy of the entire report of the Committee of Nine to each local medical society in correspondence with the State society, with the request that it be carefully considered and acted on in full meeting and the result of such action be certified to the secretary of this society for the information of this body one year hence.

The society then adjourned for the day.

The next day Prof. Frothingham of the Allopathic Medical Department of the University, submitted his resignation in the following communication:

> Since a resolution was adopted by this society on the 11th instant, which, in my opinion, repudiates the ethical principle of the American Medical Code, which makes our profession a self-sacrificing, benevolent and humane calling, declares a purely commercial policy as its guide; and by another resolution the society has virtually declared regular medicine unworthy a position among the sciences, and also a principle which fully carried out, would prevent the State from a proper care of the health and lives of its citizens, would abolish public medical care of the sick and insane; also all State and other boards of health, and carry our civilization in this respect back to the condition of the dark ages, I can no longer, consistent with my views of ethics, retain my connection with this society, and hereby tender my resignation of membership, and ask for its immediate acceptance, or such other removal as it may please you to grant.
>
> Prof. Frothingham further said he hoped the society would complete any work they had to do, and not hesitate from fear or awe as they contemplated their noble victim. A million and a quarter of people to whom this institution belongs are pledged for its defence; but be not less courageous than the hired assassin of Coligni, who, seeing the noble countenance of his victim, stood half repentant, but when one of his followers cried "*Coward*," in his ear, he plunged the boar-spear into his heart.

Dr, Jerome, of Saginaw City, presumed that the professor was old enough to know his business, and therefore moved the acceptance of his resignation, which was carried.

On motion of Dr. F. M. Oakley, of York, the following resolution was accepted and adopted;

Resolved. That whenever the proper authorities shall restore the regular branch of the medical department to precisely the same position to which it occupied before the establishment of the Homœopathic College, whenever they shall fully relieve the present Medical Faculty of all complicity in and responsibility for the teaching of homœopathic students, such action shall be deemed and shall constitute *ipso facto* a restoration of the department of medicine and surgery to the full confidence and favor of the society.

Dr. Rynd, of Adrian, a member of the Board of Regents, of U. of M., stated that he had a communication to offer. The doctor began to read his resignation as a member of the society, using the words "bigotry, narrowness and injustice," when Dr. Jerome, of Saginaw, called "Order, order."

Rynd—"This is my resignation, sir."

Jerome—"Order, order."

Rynd—"'Louder,' did the gentleman say?"

Jerome—"Mr. President, I rise to a point of order. When any gentleman characterizes the action of this society as meanness and bigotry, it is unparliamentary."

Rynd—"I am simply giving my opinion. I suppose the doctor has his opinion of me."

Cries of order and applause of Dr. Rynd threw the society into almost inextricable confusion.

Some members were violent in their objections, among them Dr. Jerome, who asked the ruling of the chair on his point of order, whether the words "meanness" and "narrowness" were not unparliamentary.

The President—"I think that "meanness" would be but "narrowness."

Rynd said: "The word which is objected to, sir, cannot be found in my paper."

Several wanted to know what was there. Dr. Rynd replied: "After I read you will know. The word 'meanness' was invented by the gentleman's fertile imagination."

Dr. Foster Pratt moved to adjourn.

The president decided that Dr. Rynd had the floor and instructed him to proceed.

Dr. Rynd then read the following communication:

To the President of the Medical State Society:

SIR—From the standpoint of the undersigned the action of your association during its present session has been marked by a narrowness, bigotry and injustice disgraceful to an honorable and learned profession. Without exercising the courage to array itself directly against the University, it has become the agent of a private school to accomplish our virtual dismembership. You do not propose any measure of relief for the state of medical affairs at Ann Arbor; you simply propose to destroy when you cannot control, an institution supported by the liberality of our people; in your own interests and for your own ends, you desire its overthrow. You have been ably assisted by the members of the State Board of Health, itself the creature of the Legislature, aided and supported by all the prejudice, bigotry and despotism of a past age. Your conduct during the session has been unfair to a respectable minority. You have tried to shut off the expression and comparison of views by tactics of the politician. When the friends of the University honestly asked your counsel, your reply has been a notice of its disfranchisement.

Not having any sympathy with the course which you have taken, preferring personal liberty to the despotism of ideas having their origin with the burning of witches and other humane acts of a similiar nature; choosing rather to exercise my personal independence than to remain under the despotism of an association which represents nothing but itself; believing that true science is not the exclusive property of your association, and that its interests are not promoted by illiberal codes, I desire respectfully to withdraw from membership in your association.

C. RYND.

Dr. Jerome moved that Dr. Rynd be expelled from the society. The motion was not entertained. At this, Dr. Rynd said, "that's right, sir; I am prepared for it."

Dr. Foster Pratt moved that the resignation be accepted and the paper tabled, which was carried.

The evident purpose of the Allopathic State Society is to break down the Medical Department of the University if Homœopathy is continued there. The resolutions passed are an insult to the University and its faculties, to the Legislature and our people. Regent Rynd is an allopathic physician, but he is a true man and faithful to his position. The people of Michigan say Homœopathy shall be taught in *their* University, and he has shown a determination to execute their will in an honorable manner. Prof. Jones will have something to say about Dr. McLean's attempt to "*strangle*" homœopathy.

E. A. L.

THE ATLANTIC—for June, presented a brilliant table of contents :

MR. WHITTER'S *Hymn written for the Opening of the International Exhibition*, is given, with the *Original Music* by JOHN K. PAINE..

MARK TWAIN'S humorous paper on *The Facts concerning the Recent Carnival of Crime in Connecticut* is one of his very best.

MR. HOWELLS describes *A Shaker Village* in his characteristic and delightful style.

HENRY JAMES, JR., gives the first chapters of his capital new Novel, *The American.*

MRS. KEMBLE brings her *Gossip* to the time of her *debut* upon the stage.

CHARLES FRANCIS ADANS, JR., contributes another valuable article on *The State and the Railroad.*

T. B. ALDRICH has a pleasing poem, *Unsung.*

Besides the above there are several Poems, a clever short Story, a Literary Essay, an able article by PROF. FELIX ADLER, of Cornell, and full reviews of *Recent Literature, Art, and Music.*

Price : 35 cents a number ; $4.00 a year ; with life-size Portrait of Longfellow, $5.00.

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"THE HOMŒOPATHIC WORLD.—*Monthly Homœopathic Review* says : We understand that this monthly periodical, established and conducted by the late Dr. Ruddock, will in future be edited by Dr. SHULDHAM. The literary skill, judgment, and correct taste which the new editor is known to possess will, we are sure, be employed advantageously to homœopathy in directing the future destinies of *The Homœopathic World.*

BALTIMORE AND OHIO RAILROAD.—Our friends going to the Centennial will find that by patronizing this road they will save time, and travel with the greatest possible safety and comfort. The grand scenery, and the opportunity of visiting Washington are items worth considering.

MILD WINTERS AND MORTALITY.—Dr. Snow, in his monthly summary of the vital statistics of Providence, R. I., as reported in *Boston Medical and Surgical Journal*, for Jan. 1876, remarks :—"It is a popular idea that very mild weather in winter is very unhealthy. Let us examine this theory. Jan. 1875, was remarkably cold ; Jan. 1876, was remarkably mild. The first Jan. was colder, and the last warmer, than any corresponding month for many years. Let us compare the mortuary results. The deaths from some prominent causes in the two months were as :—

	Jan. 1876.	Jan. 1875
Whole number of deaths.....	115.	159.
Pneumonia.....	15.	35.
Consumption.	22.	31.
Croup	5.	10.
Bronchitis..	1.	6.
Scarlatina.....	4.	19.

This shows a large decrease in the warm Jan. of the present year, not only in the whole number of deaths, but also, especially, in those causes of death, which might be supposed to be influenced by the winter weather.

This result agrees with my observation for many years past.

Extreme cold, or extreme heat, if continued for a week or more, increases the mortality, while more temperate weather, whether in winter or summer, is favorable to health.

The population of Providence, by the census of June 1, 1875, was 100,-675. The mortality last month (Jan.) was, therefore at the annual rate of only 13.7 in each 1000 of the population. In Jan. 1875, calling the population the same, the deaths were at the rate of 18.9 per 1000."

NOTICES, ETC.

WISCONSIN.—The twelfth Annual Meeting of the Wisconsin State Homœopathic Medical Society will be held in Milwaukee, at the parlors of the Newhall House, on Wednesday and Thursday, June 21st and 22d, 1876.

NECROLOGICAL.

JOHNSON,—In Middleville, Michigan, May 2d, in great peace, Lizzie, beloved wife of George H. Johnson and daughter of Dr. E. F. Brown, aged 21 years and 9 months.

"She leaves a husband, a child one month old, and a very large circle of sorrowing friends. Mrs. Johnson was an esteimable christian lady, and in her death her husband has lost an affectionate wife—the Church an exemplary member, and her acquaintances a true friend. But their loss is her eternal gain."

REMOVAL.

GATCHELL.—H. P. Gatchell, Jr., M. D., has removed from the Kenosha, Wis. Sanitarium to the Bidwell Hotel and Water Cure, Palmyra, N. Y.

TWELVE THOUSAND DOLLARS.—One fourth cash, and balance secured, will procure for a properly qualified physician, one of the best professional positions in the United States. This relizes a large cash income, and is in every respect the most desirable and profitable. For further particulars address P. P., in care of the Editor of this Journal.

SPECIAL NOTICE.—A physician of learning and experience can obtain an interest In a large practice by the payment of $3,000 cash, and succeed to the whole business on the payment of $3,000 more in a specified time. Write for further particulars, enclosing photograph, with statement of date of graduation and general qualifications, to G. F., care of General Editor Observer, Detroit, Michigan.

Materia Medica of New Remedies, Etc.

JABORANDI.

BY W. L. WATKINS, M. D.*

This drug is a Brazilian plant, and only recently introduced to the medical profession as a therapeutic agent. It is being used at present by physicians in the old school, and seems destined to become an important remedy in their practice.

It is described in the *Boston Medical and Surgical Journal* (Vol. XCII, No. 12) as a powerful diaphoretic and sialagogue. Its action in producing the sweating is described by Alber Robin.

He says that the sweating is not produced immediately, as some authors say, but is preceded by redness and heat of the face, heating of the temporal arteries, and swelling of the glands. The sweating may appear in from five minutes to two hours and a half, after ingestion of the drug, but generally it sets in in twenty or thirty minutes. The maximum is reached in from forty minutes to an hour and a half, generally in forty minutes.

The duration of the sweating is very variable, but usually averages from two hours to two hours and a half. The salivation commences before the perspiration, and usually ends before. During perspiration the mouth is very warm and the submaxillary glands very tense. The amount of salivation is usually in direct proportion to the amount of perspiration. The *Monthly Abstract of Medical Sciences*, Vol. II. No. 9, gives an account of it by Dr. Ambrosoli (from the *Gazetta Med. Lombardia*), who says that it is a plant of a bright green color, of a warm aromatic taste, and of a sharp, not unpleasant odor, resembling that of leaves of the laurel. It belongs to the family of *Rutaceæ*, and according to James was used in the last century in the treatment of various diseases, the nature of which however is not indicated. Prof. Garovaglio, the celebrated botanist, says that the name "Jaborandi" given to this plant is incorrect, since it is bestowed on a great number of varieties, each of which has its special name. It is therefore of importance to establish the particular one, the leaves of which possess sudorific and sialagogue properties. In consequence of the fact that the variety of the plant which really possesses active properties has not been specified, different experimenters have failed to obtain corresponding results.

An infusion of five or six grammes in water, drunk either cold or tepid, the patient being in bed and warmly covered up, produces in from fifteen to twenty minutes, and rarely over one or two hours, a profuse sweating over the whole body, which lasts from two to fourteen hours, and may be renewed on successive days without an additional dose having been taken.

* *The New England Medical Gazette.*

Besides the sweating, there generally occurs, half an hour after taking the Jaborandi, an abundant, viscous, ropy salivation, which by the large amount in which it is produced in the mouth, impedes speech.

On examination of the saliva and sweat thus produced, urea, but not uric acid is found in notable quantities.

In some individuals, besides the abundant and prolonged perspiration and salivation, a copious bronchial secretion is produced. When the salivation and perpiration begin to appear the pulse is increased by some beats, the temperature rises by some tenths of a degree, and the respiration is more hurried.

After one or two hours from the commencement of the administration of the dose, the pulse and respiration diminish in frequency, and the temperature becomes lowered even four degrees.

The same journal, Vol. II, No. 2, contains an account of its action given by Robin in the *Bulletin Generale de Therapeutique*. He says that when an infusion of one drachm of the leaves is given to an adult, it acts upon the urinary secretions in the following way :—

The quantity of urine diminishes in a very noticeable manner on the day the remedy is administered, but on the following day there is sometimes a slight augmentation, sometimes the usual amount. The urea undergoes the same modifications in quantity; it diminishes on the day the drug is given, increases on the next day, then falls to the normal amount, so that the drug cannot be said to increase combustion in the animal economy.

In thirty-two experiments he found the pulse and temperature increased at the moment the sweat was produced, and during the period of sweating, it was sometimes noted that these two elements remained at the same point as at the outset of the experiment. In some there was a slight diminution, but after the sweating, there was a *marked* lowering of the temperature, which remained for two days after the experiment.

Sphygmographic tracings taken at different stages of the administration of this drug showed almost complete asystolia, with a very noticeable diminution of vascular tension during the sweating stage. Robin therefore thinks that it has a quite special action on the vasomotor nerves, which are paralyzed by it; hence the cardiac asystolia and the abundant secretion of saliva and sweat. He also says that given in small doses it is a powerful diuretic.

Vol. II, No. 3, gives some results of experiments of Dr. Sydney Ringer and Mr. A. Gould, published by them in the *Practitioner* (December, 1874). They say that it does not produce perspiration in every case, for in experiments upon four healthy lads, ages between eight and twelve years, to whom at the same time of day and in the same ward, was given an infusion of this drug, the skin of one remained perfectly dry, while the others were covered by profuse perspiration. The experiment was repeated upon the one whose skin remained dry, and even then there was no sweating.

In all three of the other lads it caused vomiting with scarcely any nausea. It caused drowsiness, which supervened soon after the flush disappeared from the face, when the face became very pale, and a little prostration set in.

The same volume, No. 5, contains an account of its action on the digestive system, published by Robin, in the *Gazette Medicale*, March, 20, 1875. He says that when the subjects experimented upon are in *good health*, its action on the alimentary canal is very slight.

Subjects which are in good health when taking this drug have salivation, profuse perspiration. an increase of the nasal, lachrymal, and bronchial secretions, which is the sole action belonging to it. But many circumstances may induce a deviation in the action of this agent from its habitual type, which may be manifested upon the alimentary canal. When the hyper-secretions are absent, there is generally diarrhœa and vomiting.

Thirst.--As a general rule, after swallowing a cup of the tepid infusion, a sense of warmth is felt in the stomach, then thirst supervenes and continues even after the sweating has terminated.

Appetite.—This is rarely diminished, but often increased. One patient, who in thirty days took Jaborandi fourteen times, became more hungry after each administration.

Vomiting.—Has been met with in forty per cent. of all of those who have taken it. This, he says, might lead to the belief that vomiting was one of of its *normal* effects. It is not so, and when the causes of such vomiting are known, it can generally be avoided. It may be caused by too *large a dose*, or the leaves may be too *fresh*.

Diarrhœa.—It generally accompanies vomiting, where there is *no* salivation and sweating, and is generally preceded by a severe colic. It ceases after some hours.

Dr. Laycock, of Edinburgh (*Lancet*, August, 1875), says that he has used it with success in diabetes insipidus.

Vol. II, No. 6, speaks of it being used by Czernicki (*Gazette Hebdomadaire*) very successfully in a case of mumps with metastatic orchitis. The patient was a brigadier, a vigorous and healthy man, who had mumps, and the swelling went to the testicles, which became very much swollen and gave him a great deal of pain. On the third day of the appearance of the swelling in the testicles, an infusion of Jaborandi was given, and in two days the swelling had entirely disappeared as well as the mumps; and on the third day he was discharged. In this case, Czernicki says that the testicle had swollen to twice its natural size.

Dr. Chase, of Cambridge, Mass., has used it with very satisfactory results in three cases of profuse night sweats.

The first case, that of a lady, Mrs. L., who had been sick two weeks with typhoid fever. During convalescence had copious night sweats. After continuing five nights, *Jaborandi* was administered. 2d.

dec. every two hours; the following night, the sweating was greatly diminished, and by the third night had entirely disappeared.

Second case.—Mr. H., colliquative sweating of phthisis, very profuse, causing great prostration. Was wholly relieved by a few doses of the same dilution.

The third was a young lady who had had scarlatina, and during convalescence had profuse night tweats. Cured by same dilution.

PROVING UPON MYSELF.

I began on the first of December to prove this drug, with the following result:—

Dec. 1. In the morning took about five drops of the fifth dilution.* As no symptoms were observed during the day I repeated the dose at night before going to bed.

Dec. 2. Having slept as well as usual the night before, I repeated the dose. In the evening, having obtained no effects from any of the doses, I took two doses, one before going to supper, and another before going to bed.

Getting no symptoms from the fifth I began on Dec. 3 to take the fourth dilution, which I took as before with no better result for three days.

Dec. 6. Began to take the third dilution. The first day did not notice any symptoms. The following day, an hour after taking a dose in the morning, felt a slight uneasiness in the head, which during the forenoon increased to a pain in the occiput, then extending to the forehead. This disappeared late in the afternoon. Did not repeat the dose in the evening.

Dec. 7. Took five drops before going to breakfast. In an hour afterwards began to feel an aching pain in the lower part of the occiput, which increased in severity for two hours, when it gradually passed off. During the forenoon my throat felt dry and inflamed. Everything swallowed caused a scraping sensation. In the afternoon the inflammation increased; the tonsils were slightly swollen and the jaws a little stiff. This soreness lasted for two days.

Dec. 11. Took a dose (9th v.) of the same dilution. Did not notice any symptoms during the day; repeated the dose in the evening. During the evening felt restless and anxious, dull pain on the left side of the head in the occiput; could not get asleep for two hours after going to bed, on account of anxious and oppressed feeling in the chest. After going to sleep dreamed of accidents and fights, which woke me up twice during the night. The next morning (Dec. 12) had quite a sore throat, smarting pain; headache, dull pain, mostly on the left side; breathing hurried. The sore throat and headache lasted all the day and evening until I went to bed. The next morning the headache had gone, but my throat felt so sore that for a time I

* The dilutions were all on the decimal scale.

seriously feared an attack of diphtheria. It gradually wore off, however, during the day, and the next day I was quite well.

Dec, 15. Took another dose (five drops) of the same dilution half an hour before going to breakfast. When I took the drug I felt quite hungry, but soon after taking it the hunger left me, and on sitting down to breakfast I could not eat. About two hours afterwards became very hungry. Headache came on towards dinner-time (noon), but did not affect my appetite. Pain in the lower part of occiput; did not sleep well that night, from restlessness, and on account of sensation of firm pressure on the chest, with hurried breathing; exhausted feeling next day.

Dec. 16. Headache had disappeared in the morning, but came on again during the day and lasted until I went to bed.

Dec. 19. Began to take the second dilution. Two hours after taking the first dose (ten drops) and a heavy, dull pain in the lower part of the occiput, worse on the left side. Prostration of strength, even a short walk, causing *weariness, hurried breathing*, and *palpitation of the heart*. These symptoms lasted for four days, the headache going off first.

Dec. 24. The same dilution, one dose of ten drops. The headache returned about noon. Dull, aching pain same as before, hurried breathing, pressure on the chest, and great anxiety with palpitation of the heart, with pain in region of heart. These symptoms lasted five days, becoming less severe each day.

Jan. 5. Took a dose of the dilution, and repeated it at night without any effect.

Jan 6. Took another dose of the first. About two hours afterwards felt a dull pain in lower part of occiput, extending over the left side of the head to the forehead. Great weakness, palpitation of the heart, pains in the chest, of a stitching character. These symptoms lasted all day. The weakness lasted for three days, after which I took another dose of the first dilution with the same result.

Jan. 13. Took a dose of the tincture, ten drops. This caused a headache and a suffocative feeling.

Repeated the dose the next morning.

About noon, suddenly came on a headache, throbbing pains in forehead and top of the head; next came pains in chest and around the heart; pain in the forehead became less, but increased in severity in the chest and about the heart; sense of heavy pressure on the chest, hurried breathing, and great prostration. The symptoms became sa bad that I was obliged to go to bed. For half an hour after going to bed I could only breathe with great difficulty; the pains about the heart were very severe, accompanied with severe palpitation. This condition lasted two hours in its severest form, then gradually abated, so that I was able to get up in the evening and study.

It has been over two weeks since I stopped taking this drug, but I have the headache almost every day, just about noon. The exhaus-

tion has nearly disappeared. Before taking the drug, I perspired very easily, but I did not sweat at all while proving. Can assign no cause for this unless it is the action of the Jaborandi.

In conclusion, I should state that my age is twenty-three; that during the proving I took no other medicinal substances or stimulants, except the moderate quantities of tea and coffee to which I am accustomed, and that I began to take the drug while in vigorous health, the bowels being regular and urine normal. These two functions were not noticeably affected during the proving, although from time to time the urine was darker than is usual with me, but showed no other change in quantity or appearance sufficiently marked to suggest an analysis. As a rule, drugs do not affect me easily. I have made three provings before, and in each case had to take the drugs in appropriate doses and for two weeks before getting any symptoms.

COMPARATIVE ACTION OF JABORANDI AND BELLADONNA.

Drs. Ringer and Gould proceed to contrast the action of Jaborandi with that of Belladonna, to which it seems an antagonist; thus, Belladonna checks the secretion from the skin, the salivary glands, the mucous membrane of the nose, bronchial tubes, stomach and intestines, and dilates the pupils and contracts the arterioles. Jaborandi, on the other hand, increases enormously the perspiration and saliva, and in a much less degree the secretion from the mucous membrane of the nose, the bronchial tubes, and the stomach and intestines. Robin asserts, moreover, that it lowers the arterial tension, probably by paralyzing the vaso-motor nerves, and thus causing dilation of the arterioles. Belladonna excites delirium, whilst Jaborandi often produces sleep. On three occasions, to three different men, these writers administered sixty grains of Jaborandi, and when the perspiration and salivation were profuse, they injected sub-cutaneously one one-hundreth of a grain of Atropia. In five minutes the perspiration and salivation were considerably diminished, and in from ten to twelve minutes the skin was preternaturally dry, and salivation was checked, but in our case continued a little after the cessation of the perspiration.

A lad was admitted into University College Hospital poisoned by Atropia, having taken one grain five hours before. His tongue and mouth were quite dry. A quarter of an hour after taking thirty grains of Jaborandi his mouth became much less dry, and in an hour he was sweating freely and his mouth was naturally moist.

Belladonna arrests the secretion of milk. Thirty grains of Jaborandi were given to a woman thirty-eight years old, confined of her ninth child four months previously, but who had very little milk. In ten minutes the drug produced its usual symptoms; in half an hour her breasts, which previously were flaccid, became tumid and distended, and on pressure yielded considerably more milk. In forty minutes the increase was still more marked, jetting forth in four or five streams. In eighty minutes the milk was less abundant, though considerably

more so than before the experiment, which was confirmed by another case.

In some of their effects, however, Jaborandi and Belladonna agree. Thus, both flush the face and quicken the pulse; and both affect children much less than adults.—*Nashville Journal of Medicine and Surgery.*

Drs. Sidney Ringer and Gould having discovered that Atropia arrests the salivation and diaphoresis produced by Jaborandi, a fact which Vulpian has also observed; the latter has performed experiments to see if Atropia has also a similar effect on other secretions increased by Jaborandi. He first demonstrated in a very clever manner, by means of canulæ introduced into the canal of Wirsing, ductus choledochus; and the ureter in dogs curarized and subjected to artificial respiration, that the pancreatic, biliary, and urinary secretions were increased to a very notable degree by an infusion of Jaborandi leaves into the crural vein in the direction towards the heart. He then observed that the pancreatic secretion was completely arrested a few minutes after the injection of one third to one half a grain of Atropia in an aqueous solution.

The biliary and urinary secretions were diminished considerably under the same conditions, but they did not stop altogether. In one of his experiments where the stomach was opened before the injection of Jaborandi (an infusion of a little less than a drachm of the leaves to an ounce of water) he saw a certain quantity of fluid flow from the mucous membrane of the stomach. After observing the fact, he shortly afterwards injected another similar infusion of Jaborandi, but followed it by an injection of from one third to one half a grain of Atropia, and the appearance already noted did not take place.—Saz Hebelom.—*Richmond Louisville Med. Jour.*

GRINDELIA ROBUSTA.

BY JAMES G. STEELE, OF SAN FRANCISCO, CAL.*

Considerable attention has been directed of late years to the California *Grindelias,* which are met with in different parts of the State, and which early attracted the attention of the Jesuit Fathers, who established missions under the patronage of the Mexican Government, some sixty or eighty years before the conquest of the country by the Americans.

Divers botanists who have visited the coast from time to time, since the establishment of these missions, have also noticed the Grindelias. Several recent writers, among whom may be mentioned Shelton W. P. Gibbons, Canfield and Smith, have

* Read before the Twenty-first Annual Meeting of the American Pharmaceutical Association, Boston, Sept., 1875. (*Pacific Med. & Surg. Jour.*)

published, at different times, articles touching the natural history and therapeutic value of the Grindelias; but it is particularly the "*Grindelia robusta*" which I desire to introduce to the notice of our profession. This plant seems to exercise a specific effect in cases of poisoning by the famous (or more properly *infamous*) "Poison Oak" of California. Of late years, its happy effects in reducing the frequency and violence of the spasmodic constrictions of the throat and contiguous organs from asthma and kindred diseases, are so well authenticated as to claim for it a new and important place in our national materia medica.

In the woods and thickets of California, as well as on the dry hill sides, in fact, in every variety of locality, may be found a very venomous shrub—the "Poison Oak" or "Poison Ivy," the "*hiedra*" of the Spanish and native Californian people, and the dread of all who are acquainted with it. This plant is known to botanists as the *Rhus diversiloba* or *Rhus toxicodendron*, and resembles the Poison Ivy of the Atlantic States, both in appearance and poisonous qualities. It has a somewhat climbing stem, with short leafy branches, and is easily recognized from the fact of the discoloration of many of its leaflets, caused by the oxidation of the green coloring matter of the plant, in this respect differing from other shrubs and climbing plants.

As is well known, "*Poison Oak*" is the cause of a vast deal of misery and suffering in California. There is scarcely ever a time in any little town or neighborhood, when there is not one or more suffering from it, and it has been estimated that there are in this State near three thousand persons constantly afflicted with the cutaneous disease caused by this dreaded scourge. Not only tourists and occasional visitors into the rural districts from our cities, but farmers and laborers also, are liable to this poisoning; and besides the suffering and annoyance caused by it, the loss of valuable time is no small item to be taken into account.

It has been frequently declared that whoever makes known a prompt and sure antidote to this poison, would be considered a public benefactor. Many and various have been the remedies used for this purpose by our local practitioners; for instance, lotions and ointments of lead, bismuth and opium compounds, applications of ammonia and various alkaline bases in every variety of combination.

The many remedies which have been heretofore used, all give way in efficiency and celerity to the Grindelia robusta. This, like the Rhus, is indigenous, and found in many localities, but it occurs most frequently and grows most luxuriantly in the

foot-hills of the Sierra Nevada and Coast ranges of mountains. It is a tall, stout perennial, belongs to the composite family, and looks like a small sunflower. It is from one to three feet in height, and has bright yellow flowers in heads, one to two inches in diameter, flowering from June to October. Before flowering, the unexpanded heads or buds secrete a quantity of resinous matter, white and sticky, like balsam, that finally, after the flower expands, is distributed like varnish over all the calyx. The whole plant at this season, is resinous and viscid. When it grows in dry, hilly regions, it is stiff and rigid with narrow leaves; but in damp localities it is more robust and succulent, with wide fleshy leaves. May and June are the months in which it should be gathered for use, as at that time the plant abounds most in the balsamic and resinous juice in which its medicinal properties reside.

The late Dr. C. A. Canfield, of Monterey, Cal., was the first to call the attention of the medical profession to the therapeutic action of Grindelia robusta in rhus poisoning. Some twelve years since he contributed to the *Pacific Medical & Surgical Journal* a short account of the plant, its botanic features habitat and antidotal qualities. My attention being thus directed to it, I procured specimens and made various pharmaceutical preparations, such as tinctures, fluid and solid extracts, pills, elixirs and syrup, containing the virtues of the drug, which were prescribed by physicians in sufficient quantities to warrant me in keeping on hand a supply of the preparations. It has been my practice yearly, during the months of May and June, to go into the rural districts, and have gathered and dried in the shade, from one to two tons of the herb. Since the mention made by Dr. Canfield as above, however, a new use has been discovered for it. Asthma and its kindred ailments have been made to succumb in a remarkable manner. Dr. Q. R. Smith, of Sonoma Co., Cal., published in the *Pacific Medical & Surgical Journal* for April, 1875, some notes on the efficiency of the solid extract of Grindelia robusta in several cases of asthma, etc., which had come under his observation. He writes that one patient to whom pills made of the solid extract were administered, "had suffered from severe and frequent attacks of asthma since childhood, and found no relief from many physicians and divers remedies. About five months ago he commenced taking the extract of Grindelia in pills of three grains each, one three times a day for two or three days, then a pill at bed time only, for eight or ten days longer. Under this mode of treatment the attacks became lighter and more remote,

and during the intervals between the attacks he gained in flesh and strength, and improved greatly in his general health. More than four months has passed since the patient has felt any symptoms of the plague and terror of his life. He is now heavier and stronger than ever before, and can climb the rugged mountain of his sheep ranch and the surrounding country, looking after stock and hunting game, with an endurance, agility and speed unsurpassed by any of his neighbors. We think this happy change due entirely to the virtues of the remedy mentioned, as our patient took no other medicine, and continued to follow the same employment, and was circumstanced just as he had been for years before."

I send herewith samples of the entire tops of the plant, and of the fluid and solid extracts made according to the formulas below. I have had Grindelia from all sections of the country, but have found that grown in the rolling country or so-called foot-hills the best. The specimens sent were obtained from Green Valley, a township in Solano County, about sixty miles northeast of San Francisco, and were gathered in the month of May, 1874, from the foot-hills of that section. About two and a half tons were picked, dried in the shade and securely packed against influence of changes of weather, or ravages of insects, etc.

I have experimented in different ways to obtain a "fluid extract" which should fully represent the medicinal virtues of the leaves and flowering tops of the plant. Sample No. 1 is made with the officinal alcohol, and represents in one pint the strength of sixteen troy ounces of the dried leaves and tops of the plant. The Grindelia, even when dried, contains a large proportion of the sticky "balsam" before mentioned, and repeated experiments have shown me the inutility of attempting to proceed with it as in the treatment of the ordinary barks, roots, leaves, etc., in grinding or comminuting in a drug-mill or mortar. I have found the most feasible method, and the one furnishing the most satisfactory results, to be that of macerating the carefully picked leaves and tops, in a suitable vessel, with strong alcohol enough poured over to not quite cover the mass, for a period of twenty-four hours, a strong cover being laid thereon and pressed down with appropriate weights. At the expiration of this time the whole is transferred to a percolator, with stop-cock attached, and after remaining for five or six hours, the impregnated liquid is drawn off and the residue in the percolater taken, transferred to strong bags and submitted to the action of a powerful press. The liquid from this is now

mixed with that from the percolator and set aside. It is generally requisite to repeat the process with one-half the amount of menstruum, and the results being mixed together, should measure one pint for every sixteen troy ounces of the drug employed. In case, however, the full measure requisite, is not obtained, enough alcohol is added to supply the deficiency, and the whole rapidly filtered and transferred to well stopped bottles. A clear, thin, nice looking fluid extract is produced, with a pleasant odor and a characteristic aromatic taste, and which can be kept a long time with usual precautions without any deposit.

Considerable objection has been made, however, to the use of strong alcohol in preparing the fluid extract for external as well as internal use, and the sample marked No. 2 is a hydro-alcoholic fluid extract, made like the above, save the substitution of one part of water to two of alcohol, which gives a fluid extract equal in all respects to the former, except in appearance, a slight turbidity being apparent when a small quantity is held to the light. It has been my custom of late years to dispense and furnish to the trade the fluid extract of Grindelia made in this manner, unless otherwise directed.

It may be presumed that the medicinal virtues reside in the viscid and resinous juice before mentioned. Confirmatory evidence offers itself in the fact that the plant, in the lower and marshy grounds, is more robust and succulent, and the leaves and stalks longer and coarser, and devoid almost entirely of the "balsam" before mentioned, and has been observed, are of little efficacy in asthma and oak poisoning.

Experiments made on the freshly gathered, undried plant, with various solvents, have produced extracts nowise differing in therapeutic effect or physical properties from the dried plant as above. No attempts have been made to investigate the viscid juice, but, doubtless, like the "balsams" or liquid resins, it contains a variety of constitutents, and probably a volatile oil, to which its remedial effects and strong characteristic odor and taste are to be partly attributed.

I send also a sample of the solid extract of Grindelia, suitable for making pills, to be given in violent and prolonged attacks of asthma, etc. This extract is made by taking the tops and leaves of the plant, and operating upon them with a mixture of equal parts of alcohol and water, extracting the soluble elements in the same manner as described in the process for making the fluid extract, distilling off one-half the measure of the

liquid in a Proctor's still, and slowly evaporating the residue to the consistency of a thick syrup, adding a minute quantity of glycerin, and pouring, while yet warm, into suitable jars, when, upon cooling, it will be fouud to be of the consistence of an ordinary solid extract, and easy of manipulation by the dispenser.

The directions to be observed in the administration of these medicines are not very elaborate, and can be quoted here with advantage :

For Poison Oak eruptions the method suggested is to mix one or two teaspoonsful of the fluid extract with half a tumbler of cold or tepid water, and apply freely with a sponge or cloths dipped in the mixture to the parts affected. One or two applications will often suffice for a cure ; but if the disease has been of a long duration, several days may elapse before entire relief is obtained. In severe cases of poisoning, cloths dipped in the solution may be bound upon the parts, and, if necessary, more of the fluid extract added, thus increasing the strength of the application. The most obstinate case of poisoning will give way to this mode of treatment, and immediately after the first application a most surprising relief is experienced. In cases of asthma, rose cold, and hay fever, ten to twenty drops of the fluid extract may be given every half hour, mixed with sweetened water or milk, until relief is obtained, when the amount and frequency of the dose can be lessened.

The solid extract is made into pills of three grains each, and given as described in another part of this paper, three times a day, one or two of the pills being administered for each dose.

Music in Hospitals—*Commendable.*—Instead of following the usual plan of getting up a concert for the benefit of hospital patients, a company of young people in Philadelphia have hit upon the happy thought of giving the patients the benefit of the entertainment itself. Nothing elaborate in this line, however, being feasible, they simply undertake to sing various hymns and selections to the occupants of the wards once a week, and, from the report of their first attempt and its effect, we should say that the patients would gladly welcome the singers oftener. The influence of music upon the sick as an element in their treatment, under certain conditions, might be made more of in our hospitals ; its soothing power is certainly felt in the private invalid's room.

Pædonosology.

THOMAS NICHOL, M. D., L L. B., MONTREAL, CANADA, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

No. XVI.—ATELECTASIS.*

Though the symptoms of congenital atelectasis vary a good deal, still there are some essential symptoms which are to be found in almost every case—without which, in fact, the morbid state would have no existence. As a general rule, these essential symptoms are present from the very moment of birth, though they become more pronounced as the days pass. A feeble and incomplete respiration—occasionally intermittent—is one of the most prominent of these symptoms, and this short and anxious breathing is at times so imperfect as to be almost imperceptible. On removing the clothing it will be noted that the chest is very imperfectly expanded by the respiratory movements, and in proportion to this imperfection is the severity of the disease. "If the chest be stripped so as to be observed naked, it has scarcely the usual rounded appearance, and its movements are limited, or apparently inverted, the sides of the chest being flattened rather than expanded," (Churchill.) Insufficient respiration is emphatically the leading symptom of this morbid state. Instead of the loud and vigorous cry so characteristic of the new-born babe, the voice is small, feeble and plaintive, and in some marked cases the child is quite unable to cry. The difficulty of sucking is very evident, and after nursing for a very short time, the little patient lets go the nipple and gasps for breath. Still as Dr. J. F. Meigs acutely remarks, the child can swallow when fluid is poured into the mouth. From the imperfect aeration of the blood, the face is pale and livid, and the entire surface is pale and cool, while

* Continued from page 271.

the fingers and lips are almost bluish in hue. The child sleeps most of the time, and even when awake drowsiness is very evidently present. The bowels are confined, and in most cases no meconium is passed. The pulse is weak and languid, and in this morbid state the pulse is one of the very best guides in therapeutics and in prognosis. Instead of the alert and vigorous movements of the healthy child, the limbs are moved with great slowness and feebleness, and as the prostration advances they become almost motionless. The muscles of the face twitch, and convulsions are by no means unfrequent.

Desperate as these cases appear to be, they are not necessarily fatal, and they often recover if properly treated. The respiration becomes slower, fuller, and in every way more natural; the thorax very gradually expands; the cry of the child becomes louder and louder; the act of sucking is performed more easily and more perfectly; the surface becomes redder and warmer, and the entire being of the little patient is altered for the better.

But should the case be about to become hopeless, the respirations becomes shorter, quicker and more imperfect; the chest hardly expands at all; the cry becomes entirely suppressed; the difficulty in swallowing increases; the temperature falls rapidly; the color of the extremities becomes of a leaden hue, and finally, convulsions, ushered in by spasmodic twitching and wheezing respiration, close the scene.

In a favourable case and with careful treatment, one would ordinarily look for a decided change in one or two days, though I have seen a week or ten days pass with little or no improvement, and still recovery ultimately take place. In very severe cases, death usually takes place a few days after birth, though the patient often linger for two or three weeks, and in hopeless cases the patients have been known to linger for several months and finally die of atrophy and debility. In serious cases, convulsions are apt to supervene, and sudden suffocation is by no means rare.

In the acquired form of atelectasis—called also collapse of the lungs and post-natal atelectasis—the most distinctive symptoms are cough and fever, the former due to the inflammatory lesion which caused the collapse, the latter to the same cause, namely, the local inflammation, whether it be a true bronchopneumonia, or a mere catarrhal inflammation. The cough is of a very distressing nature, dry, harsh and barking, a spasmodic cough lasting for some time, and then recurring after an uncertain interval, worse at night, and somewhat better during the day. The fever is usually mild in its nature, and is worse at night, when the patient is apt to be fretful. Dyspnœa is present in a marked degree, and this varied with the extent of lung implicated in the morbid process, and Dr. Reese, of Philadelphia points out its characteristic peculiarity that this dyspnœa is shown "first in the rapidity, and secondly in the unequal lengths of the inspiratory and expiratory efforts, the former being much the longer; moreover, owing to the persistence of the difficulty, it becomes habitual to the child, so that you find it cheerful, and taking notice, when the quickness of breathing is to the observer really distressing, and would be taken by any one unconversant with the nature of the case to denote active inflammation." The obstruction in the lungs naturally causes increased action of the heart, and if the acquired atelectasis should become chronic, an enlargement of the heart would most probably result. Hemorrhage from various mucous membranes often results from this state and seems to give temporary relief. The peculiar and characteristic change in the manner of respiration is thus described by Hertz:—"When during the act of inspiration, the thorax expands by an elevation of its upper portion, and by contraction of the diaphragm, the lungs being partially impervious to air by reason of the aetlectasis, are unable to accompany this expansion. Therefore, a compensating contraction of the thorax takes place at its most pliable points, recognizable partly by the sinking in of the intercostal spaces, and partly by a retraction of the sternum and the lower true and false costal cartilages. The more yielding the thorax, the

more striking is this symptom." Nutrition is greatly impaired but seldom to such an extent as in congenital atelectasis, and it is worthy of remark that whereas the emaciation of congenital atelectasis affects all parts of the body, that of acquired atelectasis is principally seen in the limbs, the abdomen being swollen. The skin becomes dusky from the imperfect aeration of the blood, but with all these grave changes, the general symptoms of pneumonia are completely absent.

In mild cases recovery is slow, though it may be confidently looked for if the case is properly attended to; but when the collapse of the lung is at all general, death is very likely to take place even with every care. The symptoms of atelectasis from compression do not differ materially from those of acquired atelectasis, save that they are apt to be intermingled with, and obscured by those of the primitive disease.

The present writer is inclined to put great trust in physical diagnosis in all the varieties of atelectasis, and very much depends upon the manner in which the examination is contracted. The old wooden stethoscope, stigmatized by Abernethy as "a piece of wood with a patient at one end and a fool at the other" is worse than useless, and most reliance can be placed on a double examination, first with the Cammann stethoscope either single or double, and secondly by means of *immediate* auscultation, taking care that the ear is applied to the surface of the child's body with no clothing interposed. The back should be examined as carefully as the front. The most careful examination will yield nothing positive, unless the affected portion of lung is of considerable extent, and the patches of diseased tissue must not be too far distant from each other. On auscultation the respiratory murmur is entirely absent, for it is evident that no air can enter where atelectasis prevails. If any respiratory murmur is heard it is likely transmitted from the neighboring healthy lung-tissue, and when the morbid process is very extensive bronchial respiration, and bronchophony will be almost certainly found. The vocal fremitus is greatly increased. In acquired atelectasis catarrhal rhonci will be found, and this in proportion to the extent and severity of the primitive disease. On percussion, a more or less marked dulness is detected and this is most evident when the disease is extensive. As the cure progresses air re-enters the diseased portions of lung, and the percussion sound gradually becomes more and more tympanitic till it finally reaches the normal standard. According to Gerhardt little can be learned from physical diagnosis in atelectasis unless at least one-eighth of one lung is involved.

N.

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

CHAPTER II.

DISEASES OF THE PROSOPON, OR FACE.

SECTION I.

PROSOPALGIA, OR FACE-ACHE.

TIC DOULEUREUX; NEURALGIA TRIGEMINI.

As we shall find it most convenient to describe the various forms of neuralgia in their anatomical, rather than in their physiological relations, this will be the proper place to treat of one of its most common and painful varieties, namely, *prosopalgia*, or, as it is generally termed, *tic douloureux*, or face-ache. This is, for the most part, an affection of the trigeminus, or fifth pair of nerves; but inasmuch as the portio dura, after passing through the parotid gland, is connected with a twig of the trigeminus, the pain is sometimes, though rarely, felt also in the course of that nerve. Commonly but one branch of the trigeminus, the superior maxillary of one side, is affected; but not unfrequently two, and sometimes all three of the branches are involved; and the pain, by implicating the opposite branches, may even extend to the other side of the face.

SYMPTOMS.—As already stated, the most frequent form of prosopalgia is that involving the middle branch of the trigeminus. The pain is generally first felt in or near the infraorbital foramen; and being seated in the nerve of that name, extends to the inner canthus of the eye, the lower eyelids, the muscles about the zygoma, those of the cheek, especially the buccinater, the upper lip and the alæ of the nose. Subsequently the trunk of the nerve, and the branches given off from it in its passage through the infraorbital canal, become affected, the pains being

felt in the palate, tongue, zygomatic fossa, the upper teeth and the nasal cavity. As the disease progresses, the pain may extend, as in other forms of prosopalgia, to all parts of the face. The pain is never continual, but occurs in paroxysms of greater or less violence and duration. When fully formed, the paroxysms are frequently attended by a copious salivation.

Next in order of frequency, the pain commences near the supraorbital foramen, and extending outward along the branches of the frontal nerve and its ramifications, is experienced in the soft parts covering the anterior portion of the cranium; or it may extend in the opposite direction along the trunk of the nerve, and be felt at the bottom of the orbit. Subsequently, the tunica conjunctiva and adjacent parts become affected, producing redness of the conjunctiva and lids, with more or less lachrymation and swelling. Sometimes it causes extreme photophobia, the eye becoming so exceedingly painful and sensitive to light, that the patient can scarcely tolerate a single ray. Finally, as in other cases, the pain passes beyond the parts supplied by the frontal nerve, extending itself to the supraorbital, the maxillary, and sometimes, through communicating filaments, to the facial, temporal and occipital nerves.

Less common than either of the preceding, but, when confirmed, equally intense and obstinate forms of prosopalgia, is that affecting the inferior maxillary nerve. The pain is generally first felt at or near the anterior mental foramen, and extends to the teeth, lower lip, chin, temple and neck. As in the preceding forms of the disorder, the associated branches of the trigeminus, as well as the portio dura of the seventh, frequently become implicated, and then the paroxysms of pain become more or less general over one side of the face and head.

When the motor nerves become implicated, the muscles supplied by them twitch convulsively, producing distortion of the features, and, in some cases, more or less spasmodic action of more distant parts; the latter being caused, doubtless, by the

extreme pain. The irritability of the affected nerves frequently becomes so great during the paroxysms, that the impressions produced merely by movement, as in talking, sneezing and chewing, or by currents of cold air, etc., are often sufficient to renew the attacks. The pains are of a shooting, rending or burning character; and when the paroxysm is at its height, they frequently become so intolerable, that the patient is utterly unable to suppress his cries.

DIAGNOSIS.—Prosopalgia is very liable to be confounded with hemicrania and rheumatism. From the former it may be distinguished by the seat of the pain corresponding accurately with the course and distribution of the affected nerves; and from the latter, by the exacerbation being provoked by the slightest touch, by the limited duration of the paroxysm, and by the intolerable character of the pain. From ordinary toothache it may be distinguished by the transient character and rapid succession of the pains, the convulsive twitchings of the muscles, and the coursing of the pains along the tracks of the affected nerves. With reference to those cases in which the portio dura of the seventh pair of nerves becomes implicated, they are sometimes exceedingly difficult to distinguish from those in which only the branches of the trigeminus are involved. The chief difference is, the pains are no longer confined to the course of the trigeminus, but, in consequence of its communication with the other nerves of the face, the agony soon becomes general over the entire side of the head.

ETIOLOGY.—The causes of this affection are generally very uncertain and obscure. Sometimes, particularly when the main trunk is affected, it can be traced to tumors, or bony growths, pressing upon the affected nerves; and occasionally the attack can be satisfactorily referred to such causes as wounds, decayed teeth, the suppression of accustomed discharges, rheumatism, gout, syphilis, poisonous cosmetics, etc.; but in the majority of cases, no known cause

can be assigned. Even the most careful anatomical and pathological investigations generally fail of eliciting any satisfactory explanation. True, the affected nerves are sometimes found red and inflamed, but the ordinary absence of fever, the sudden, transient, and intermittent character of the attacks, their frequent occurrence in debilitated states of the system, and the usual absence of tenderness on pressure, are sufficient proofs that the cause, whatever it may be, is not generally of an inflammatory character. Probably the most frequent exciting cause is cold. Next to this, those causes which induce cephalagia, such as mental emotion, severe mental and physical labor, excess in eating and drinking, the abuse of spirituous liquors, tea, coffee and tobacco, excessive venery, etc., no doubt contribute greatly to produce it in those who are predisposed to the affection. What particular class of persons *are* predisposed to it, however, is not so clear. It is doubtful whether sex has any special influence in this direction, as some suppose, though there are peculiarities in the female constitution which undoubtedly predispose it to other forms of neuralgia, especially such as have their origin in the spine. Probably what is called the nervous temperament, or an excitable disposition, furnishes as strong a predisposing cause as any of which we have any knowledge.

PROGNOSIS.—The possibility, or even the probability of a cure, depends upon a variety of circumstances. When caused by malarious influences, general debility, pernicious habits, or by cold, a cure is generally easily effected; but when, on the other hand, structural changes, such as tumors and other morbid growths, give rise to it, there is but little hope of relief. Even in the milder forms of the disease, the patient frequently remains more or less subject to the complaint as long as he lives. Death very seldom results from the attacks, however severe the paroxysms; but it always has a more or less pernicious effect upon the system, undermining the general health, and

rendering the mind feeble and the nervous system extremely sensitive and irritable.

TREATMENT.—It follows from the purely subjective character and limited range of the symptoms, that the treatment of prosopalgia needs to be conducted with special reference to the cause. Hence it becomes necessary, first of all, to institute a careful scrutiny into the general state of the patient's health, his habits and surroundings, traveling, as it were, beyond the boundaries of the symptomatic indications,in order to ascertain, if possible, the true cause of the malady. In this way the prescriber is enabled to make his anatomical, physiological and pathological knowledge contribute not only to the diagnosis, but, in a large proportion of cases, to the cure of this obscure, obstinate and very painful disease. Even with all the light which can be thrown upon it in this manner, the practitioner will often have great difficulty in selecting a suitable remedy, and will as frequently be disappointed ; but it is evident that in no other way, in many cases, can there be any reasonable hope of success. Thus directed, however, the symptomatic indications are generally sufficiently definite to suggest the proper remedy ; and, as a consequence, homœopathy has produced many brilliant cures in the domain of this *opprobium medicorum* of the old school.

THERAPEUTIC INDICATIONS.

Arsenicum.—Burning, stinging, or tearing pains in the temples and around the eyes ; inflammation of the conjunctiva ; watering of the eyes ; great restlessness, distress and prostration ; paroxysms occur, or are aggravated, in the evening or at night.

This remedy is particularly useful when the attacks occur periodically, or when they are caused by miasmatic influences.

*Belladonna.**—Pains of a cutting or tearing character, es-

* See *Am. Hom. Observer*, vol. ii., p. 108; also vol. iii, p. 66.

pecially when following the course of the infra-orbital nerve, and more particularly when associated with symptoms of vascular excitement, such as heat, redness and swelling of the face and eyes, flashes of light before the eyes, and lachrymation; also when there are convulsive twitchings of the facial muscles, stiffness of the neck, shooting pains in the jaws, zygomatic process and nose. The pains are excited or aggravated by rubbing the affected parts and by movement.

Belladonna is especially applicable to cases caused by congestion or inflammation, particularly when produced by the abuse of mercury.

Chininum Sulph.—This remedy is preeminently adapted to cases pending upon miasmatic influences. Hempel says of it in these cases. "Say what you please against Quinine, it is one of the most indispensable antidotes to the intermittent type of paroxysms resulting from the influence of malaria. We have so often and so satisfactorily cured prosopalgia with five or ten grains of Quinine, administered in grain doses every two hours during the apyrexia, that we can recommend its use to homœopathic physicians with all the earnestness of one whose knowledge is based upon the most unimpeachable experience, and we advise our friends not to mind the absurd twaddle of a few antiquated ignoramuses, who would fain confine homœopathy to the narrow horizon of their own childish folly."

Although a firm believer ourself in the homœopathic principle or cure, and, as a general rule,* in the adequacy of small doses to overcome diseased action, we can nevertheless heartily subscribe to these views of Prof. Hempel, deeming them by no means inconsistent with rational, that is to say, homœopathic practice. On the contrary, as before inculcated, (See the

* We say "*as a general rule*," because diseases depending upon mechanical, chemical and toxicological influences, frequently so overpower the vital force, as utterly to preclude the possibility of excitsing in the system any permanent reaction, *so long as the exciting cause continues to act upon it.* In such cases, it is just as absurd to expect the dynamic forces alone to conquer as it is for a stream of water to seek a higher level than its source.

INTRODUCTION to this work; also, remarks under the head of DIPHTHERIA,) we should be greatly wanting in consistency, and also, as we conceive, in a proper estimate of the true sphere of homœopathy, did we not strongly endorse all that he says on this subject. For whether the nervous system be primarily affected in this condition or not, it is generally admitted that, like a string of a puppet, its action corresponds, both in character and duration, to the special influences operating upon it. It is also admitted that Quinine is an antidote to the miasmatic poison. It follows, therefore, that it should be administered in sufficient quantity to antidote, or, if any one likes the expression better, to counteract the poisonous principle, whether it be mild or severe. Nor does it alter the question, so far as the matter of dose is concerned, whether, the action of the poison on the nervous system is mediate or immediate; whether, in fact, the poisonous principle acts primarily upon the blood, and through it upon the nervous system, thus derangeing its functions, or whether it acts in some other and more occult manner; it is sufficient for us to know that a poison, *sui generis*, is affecting the constitution, and that a true and sufficient antidote is needed for it.

COLOCYNTHIS.—Darting and tearing pains particularly on the left side of the face, with redness and swelling of the affected parts; aggravated by the slightest touch, by cold, and by movement of the facial muscles.

This medicine is of great use in catarrhal cases, or when caused by *mortified feelings*, (HARTMAN), or by cold.

GELSEMINUM.—Darting pains, especially around the eye, or in the course of the infraorbital nerve and dental branches; also when there are twitchings and contractions of the facial muscles, particularly of the eyelids; or where there is great nervousness, a semi-paralyzed condition of the voluntary muscles, or a distorted appearance of the eye.

This remedy has been employed with marked success in

periodical cases, especially of the quotidian type, (LUDLAM.) It is equally valuable in catarrhal cases, if used low.

HEPAR SULPH.—Drawing and tearing pains in the cheek and temple, sometimes extending into the ears, and aggravated by pressure and by warmth; also, pains in the teeth, aggravated by contact or by eating.

Hepar sulphuris is suitable for cases caused by the abuse of mercury, as in salivation.

IRIS VERSICOLOR.—Prosopalgia involving all or any one of the branches of the trigeminus, especially when associated with "sick-headache," beginning in the morning and subsiding at night.

KALMIA.*—Violent rending and drawing pains in the cheek, with redness; darting pains in the jaws and teeth; and throbbing pains in the head.

This medicine is said to have acted with magical effect in many cases of prosopalgia where all the usual remedies had failed, (SNELLING.)

MERCURIUS.—Tearing, stinging or stitching pains, occurring in the evening or at night, and aggravated by the warmth of the bed; also, facial pains caused or aggravated by carious teeth, or by cold, particularly if accompanied by great restlessness, wakefulness, swelling, ptyalism, or perspiration of the face and head.

Mercurius is an appropriate remedy in catarrhal cases; also in those of an inflammatory character.

MEZEREUM.—Stupefying and pressive pains, chiefly in the left zygomatic region, occurring in paroxysms, and extending over the face, head and shoulder. The pains are accompanied by twitching of the facial muscles; and are aggravated or renewed by warmth, especially by eating anything hot.

This remedy is particulary applicable to cases of a syphili-

* See *Am. Hom. Obs.*, vol. i, p. 168.

tic origin, and also to cases arising from the abuse of mercury.

Nux Vomica.—Rending and drawing pains in the infra-orbital region, sometimes extending into the ear, with redness of the face, or of one of the cheeks; tingling and twitching of the facial muscles, lachrymation, and more or less numbness of the affected parts.

Nux vomica is very suitable for coffee drinkers, particularly those of an irritable disposition; also for cases occurring after a debauch, severe mental labor, watching, etc., especially when attended by constipation, or by derangement of the digestive organs.

Platina.—Creeping pains, with a feeling of coldness and numbness, especially on the right side of the face; renewal or aggravation of the sufferings at night, and during rest.

Platina is well adapted to hysteric females, especially when troubled with anguish of the heart, or palpitation, or when the catamenia are deranged.

Rhus Tox.—Rending, stinging, burning or drawing pains, especially in the supra-orbital and superior maxillary nerves; renewal or aggravation of the pains at night, and increased by the warmth of the bed, or by rest.

This remedy is suitable to catarrhal cases, or such as are caused by exposure to cold and dampness.

Sepia.—Tearing, drawing or aching pains in the face and nose, with swelling of the cheeks, and with or without redness or flushing of the affected parts. The pains frequently extend through the ear, especially the left, and are aggravated or renewed by either hot or cold things taken into the mouth.

This is one of the most useful remedies in the prosopalgia and toothache to which delicate, sensitive, nervous females are subject, particularly when the uterine functions are disturbed.

*Spigelia.**—Violent tearing, shooting and jerking pains in

* See *Am. Hom. Obs.*, vol. x, p. 237, 3d.

the supra-orbital, orbital and malar regions, excited or aggravated by motion, contact, cold and dampness, occurring in paroxysms, and sometimes periodical. The pains are accompanied by more or less præcordial anguish, lachrymation, and glossy swelling of the affected parts.

Spigelia is one of the most useful remedies in prosopalgia, especially in cases of a catarrhal or rheumatic character.

Verbascum.—Flashing, stupefying or jerking pains, seated chiefly in the left zygomatic region, and aggravated by motion, contact and exposure to cold. The paroxysms are short but violent, and are often renewed by the slightest touch, and even by talking, chewing or sneezing.

Consult also the following table.

TABLE XII.—PROSOPALGIA.

Arthritic.—COLOC., MERC., RHUS T., *Caust.*, *Nux. v.*, *Spig.*, Bell., Bry., Calc., Hep. s., Igna., Lyc., Puls., Sep., Staph., Sulph.

Catarrhal.—BRY., COLOC., GELS., LYC., MERC., NUX. V., RHUS. T., SEP., SPIG., *Calc.*, *Chin.*, *Cin.*, *Graph.*, *Staph.*, Acon., Caust., Cep., Cham., Coff., Phos., Puls., Sulph.

Hysteric.—BELL., GELS., IGNA., PLAT., *Aur.*, *Lach.*, *Puls.*, *Sep.*, Calc., Carb. v., Caust., Iris v., Kal., Phos., Sab., Staph., Sulph., Verbas.

Inflammatory.—ACON., ARN., BELL., BRY., MERC., PHOS., STAPH., SULPH., *Bar. c.*, *Lach.*, *Plat.*, *Thuj.*, *Ver. a.*, Calc., Cham., Hyosc., Nux. v., Puls.

Mercurial.—CARB. V., CHIN., HEP. S., MEZ., *Aur.*, *Bell.*, *Nit. ac.*, *Sulph.*, Puls., Staph.

Nervous.—BELL., IRIS. V., KAL., LACH., NUX. V., PLAT., SPIG., VERBAS., *Caps.*, *Hyos.*, *Lyc.*, *Sep.*, *Sol. n.*, Acon., Caust., Cham., Chelid. m., Coff., Coloc., Kal. bic.

Odontalgic.—BELL., CHAM., GELS., MERC., NUX. v., *Acon., Ars., Coff., Hyos., Igna., Rhus. t., Sep., Spig.*, Calc., Carb. v., Caust., Chin., Phos. ac., Sab., Staph.

Periodical.—ARS., CHIN. s., GELS., *Bry., Caps., Ced., Chin., Nux. v., Puls.*, Acon., Arn., Bell., Cauth., Calc., Carb. v., Caust., Coff., Con.,Merc., Rhus t., Sep., Sulph.

Rheumatic.—ACON., ARN., BRY., MERC., MEZ., SULPH., *Caust., Chin., Hep. s., Lach., Nux. v.*, Cim. r., Phos., Puls., Spig., Ver. a.

SECTION II.

DISEASES OF THE EYE.

Ophthalmic diseases, especially those of an inflammatory character, have hitherto, for the most part, been regarded by us, as well as by many allopathists, as a single affection, whereas the structures which enter into the composition of the eye are, like those of the encephalon, so diverse as to require separate consideration. For what resemblance, except in a general way, is there between conjunctivitis, iritis, scleritis and retinitis, to say nothing of the various forms which even the first mentioned disease assumes in different cases? We do not propose, however, to describe, much less to enter into any considerable detail concerning many diseases to which this organ is subject—this must be left to special treatises—but simply to describe the more common forms of inflammatory and other diseases of the eye, in a manner sufficiently ample and accurate to enable one, by means of the symptomatic indications, to treat diseases of this organ with the same scientific precision that characterises our treatment of other diseases. For it must be confessed that, until within a very recent period, ophthalmic medicine in our school has not kept pace with the general advance of homœopathic practice. On the contrary, it has hitherto remained, for

the most part, in its very infancy;* so that our ophthalmic literature furnishes but a modicum of pure grain, in comparison with the large amount of chaff with which it abounds. This arises, however, from no defect in our system of practice, since the success which has attended the treatment of eye diseases under the law of *similia*, has been much greater than that under allopathic treatment, as evidenced by the fact that the authorities have substituted the former for the latter in some of the great public charities;* and also by the fact that certain diseases not amenable to allopathic treatment, such as incipient cataract, have in some instances unquestionably yielded to homœopathic medication. Perhaps this very success has been the means of retarding, rather than advancing, this special branch of medicine among us, by satisfying the demands of the public with less than what would have satisfied it, had the result of allopathic treatment been greater.

The chief difficulties under which we labor in these cases are two-fold; first, the limited number of symptoms pertaining to the disease, depending for the most part upon the purely local character of the affection; and, secondly, the defects of our Materia Medica, so far as the eye symptoms are concerned, arising from the incomplete, careless and imperfect character of our provings. The latter only can be remedied, and is therefore the principal road to improvement in this branch of medical science. If under such adverse circumstances the superiority of the homœopathic ophthalmic practice is manifest, what brilliant results may we not justly expect, when our Materia Medica shall be freed from its incomplete and unreliable symptoms, and indications based upon scientific observations, be substituted in their place? Meanwhile, and as a humble initiatory effort in this direction, we shall attempt to make such use of the

* The only work we now have is Angell's "*Treatise on Diseases of the Eye*," the fourth edition of which, just published, is, I regret to say, very deficient both in description and treatment; especially the latter.

* See *Am. Hom. Obs.*, vol. iv, p. 386.

materials before use, as will fairly represent the existing state of our knowledge on this important subject.

ANATOMY OF THE EYE.

It is not necessary, nor would this be the proper place, to give even a general description of the anatomy of the eye, as every physician is supposed to be sufficiently acquainted with both its structure and physiology. It will be well, however, before entering upon the study of the various affections which we shall have to consider under this head, to refresh the memory by means of the following diagrams, which, in connection with the explanatory references, will be found to be of far greater practical value than the most labored description.

HORIZONTAL SECTION OF THE RIGHT EYE.

1. *Sclerotic coat*, or sclera, consisting of a white, fibrous, dense, and somewhat elastic membrane, covering the posterior five-sixths of the globe, and giving shape and firmness to the organ.

2. *Choroid*, or second tunic. This is a thin vascular coat, which, like the sclera, covers the posterior portion of the eye, and is pierced near the centre to admit the optic nerve and vessels of the retina. In front it unites with, and forms a part of the ciliary body and iris. The outer portion of this coat consists of the larger vessels, connected by a delicate cellular tissue, and an abundance of brownish pigment; the inner portion consists of the capillary vessels of the membrane.

3. The *cornea*, or "window" of the eye,* consisting of a transparent fibrous membrane, similar in structure to the sclera, covering the anterior sixth of the globe. It is composed of five layers; an outer epithelial layer; the elastic layer of Reichert; the true cornea; the layer of Descemet; and an internal epithelial layer; the two latter constituting the anterior or corneal portion of what is generally known as the membrane of the aqueous humor. The cornea, though largely supplied with nerves, contains no blood vessels; consequently it never exhibits any appearance of vascularity, except when diseased.

4, 5. The membranes of Descemet and Reichert. (See *Cornea.*)

6. The *iris*. This is a beautifully colored vertical membrane, or curtain, attached by its margin to the ciliary processes, having an opening near its centre called the pupil. Its structure is similar to that of the choroid coat, of which it may be regarded as an extension, just as the cornea may be considered an extension of the sclera; it differs, however, from the choroid in being more muscular, having a circular set of muscular fibres for diminishing, and a radiate set for enlarging, the pupillary opening. It is abundantly supplied with nerves as well as blood vessels; and is covered posteriorly with a pigment layer, called the *uvea.*

7. The canal of Fontana or Schlemm, giving passage to a plexus of veins; and generally known as the circular venous sinus of the iris.

8. The *conjunctiva*; a transparent and highly vascular mucous membrane covering the anterior portion of the globe, and reflected from the globe to the internal surface of the lids, at the ciliary margin of which it is perforated by the ciliary ducts. The former portion is called the *ocular* conjunctiva; and the latter the *palpebral*; the posterior portion, where it is reflected from the globe to the lids, is frequently called the *retro-tarsal fold*; the ciliary edge of the membrane being known as the *tarsal* conjunctiva. The entire membrane forms a sac, the opening of which corresponds to the edge of the lids. It is abundantly supplied with nerves as well as blood-vessels, the former being derived chiefly from the first, or

* This is *popular* language only, since the *pupil* is the only true window, or opening of the eye.

ophthalmic branch of the trifacial. The palpebral portion is thickly studded with papillæ, which, when enlarged by disease, give to the membrane a villous or granular appearance.

9. Vena vorticosa; 10. Optic nerve. (See *retina*.)

11. Intervaginal space; 12. Lamina cribrosa.

13. The *retina*, or occular expansion of the optic nerve, forming the internal, or third principal membrane of the eye. It is divided by recent anatomists into no less than ten layers, the principal of which are: the layer of *nerve fibres*, the layer of *rods and cones*, and the *pigment* layer. The first of these is but a simple expansion of the optic nerve fibres, being thickest at the optic disc, where the expansion begins, and gradually thinning down as it approaches the ciliary processes in front. It lies next the internal limiting layer or surface of the retina, and forms the *conducting layer*, as that of the rods and cones constitutes the *perceptive layer*.

14. The *macula lutea*, or central transparent spot of the retina, having in its centre a depression called the *fovea centralis*.

15. The *ora serrata*, or posterior edge of the ciliary processes. The engraver has represented this with a regular curve line, whereas it should be *serrated*, to correspond with the name.

16. The *zonule of Zinn*, or suspensory ligament of the lens.

17. The *crystalline lens*, a double convex body, suspended from the ciliary processes immediately behind the iris. It is enclosed in a transparent capsule, the anterior and posterior portions of which are denominated the anterior and posterior capsules. The lens is transparent, laminated, and increases in density or hardness towards the centre, or *nucleus*, where it has about the consistency of soft wax. At birth it is perfectly colorless, but as age advances it acquires more or less of an amber tint, impairing to some extent its transparency.

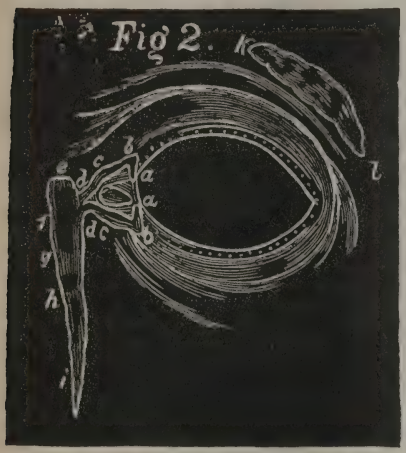
18. *Ciliary processes*. The ciliary processes are some seventy-five or eighty in number, and constitute what is known as the *ciliary body*. This is composed chiefly of the ciliary muscle, covered by the choroid and pigment layer. (See *choroid*.) The ciliary muscle is composed of two sets of fibres; an anterior set which are circular, and a posterior which are radiating or meridional.

19. The *anterior chamber*, or concavity, bounded by the cornea and iris.

20. The *posterior chamber*, bounded anteriorly by the uvea, and posteriorly and laterally by the lens, a portion of the zonula, and the ciliary processes. The anterior and posterior chambers communicate by the pupil; and are filled with a

transparent watery fluid, called the aqueous humor, which readily escapes whenever the cornea is punctured, but is rapidly restored by secretion.

21. The *vitreous humor*. This is a transparent, jelly-like substance, containing neither vessels nor nerves, which occupies the entire cavity of the retina. So far as simple appearance is concerned, it bears a striking resemblance to glass, whence it derives its name. It consists of a loose cellular texture, containing water in its interstices, the latter constituting some ninety-eight per cent. of its bulk. The membrane inclosing the vitreous body, and which is but an external condensation of the cellular mesh-work, is called the *hyaloid membrane*, so named by its discoverer, Fallopius.



THE LACHRYMAL APPARATUS.

LACHRYMAL ORGANS.*

a, a, Puncta lachrymalia, or openings of the lachrymal canals, in the lids.

a, b, c, d, Lachrymal canals.

b, b. Blind dilatations, or small *culs-de-sac*, at the orbital extremities of the lachrymal canals, where they turn inward to the lachrymal sac.

e, f, g. Lachrymal sac.

e. The blind end of the lachrymal sac.

g. Termination of the lachrymal sac, at which point there is a slight contraction which serves to distinguish between the sac and duct.

h, i. The *ductus ad nasum*, or nasal duct.

i. Opening of the nasal duct into the nose.

k, l. Lachrymal gland. This is a small conglomerate gland situated just within the orbit, near the external angular process of the frontal bone. It communicates with the surface of the conjunctiva by means of seven or eight small excretory ducts, which open just above the external angle of the eye.

[ERRATA—The names of remedies on pp. 367, 368 should have been printed in *Italics*,]

* After *Sommering*.

Physiology.

THE EVOLUTION PHILOSOPHY.

BY THE REV. ENOCH POND, D. D.*

"Evolution," says Webster, "is the art of *unfolding* or *unrolling*, as papers from a bundle, or leaves from a bud." But if this is the idea, then several systems of philosophy, ancient and modern, might be called the philosophy of evolution. Indeed, the philosophy of the Bible, which we all receive, or ought to, is, to a great extent, evolutionary. The acorn evolves the oak, the bud its blossom, the seed the plant, and every living thing, whether animal or vegetable, brings forth its like; for so the Creator, in infinite wisdom and goodness, hath ordained.

But though the word evolution may be employed in a good sense, it is not so limited and employed by a class of philosophers—Spencer, Huxley, Tyndall, Darwin—who have seized upon it in our times and applied it to their peculiar speculations. Theirs is the Evolution Philosophy in the sense in which the terms are now commonly understood. What then is this philosophy? What do these men teach?

Not precisely the same in all respects—some going back to the origin of things and others speculating upon things as they are. In general, however, they may be said to hold the following particulars: There may be an ultimate cause of all things; but this cause is altogether unknowable and unknown. We cannot ascribe to it personality, or any personal attributes. In its ulterior manifestations it is naught but force—blind force. The original substance on which this force began to operate, if it ever did begin, was nebulous. Particles of the most minute, impalpable, elementary dust were everywhere diffused, like mist or ether. Primeval forces set these particles in motion. They were gradually driven towards particular centers, and settled into globes or worlds.

In the long process of ages, living organisms, small and simple at first, were somehow generated in the world. And by slow and gradual evolutions these little creatures developed into higher forms of organized existence, and these again into higher, till at length the existing species, one after another, birds and fishes and creeping things, mammals and men, were brought forth. And not only so, but what we call the minds and hearts of men were evolved from the same substance, and in the same way. They were molecules originally—are molecules still—but so arranged and moved as to result in thoughts, feelings, plans, efforts, abstract reasonings, and soaring aspirations.

And if it be inquired how the little primeval organisms came to grow into such an infinite variety of beings as we see around us,

*Christian Union.

exhibiting such admirable adaptations and wisdom, Mr. Darwin replies: "There is no necessity for an intelligent Creator, not at all; but the whole may be accounted for by *natural selection*. In the process of all but enless evolutions innumerable forms of living creatures were produced, resembling, in general, their immediate progenitors, but exhibiting some varieties. Among these varieties the parts most fit and necessary would be likely to survive and be perpetuated, while the others would perish. In this way, as the successive evolutions went on, beings would improve, distinct species would be formed, and the result might, at length, come to be just what we now see it,—not from any design or designer, but simply from *natural selection*—the survival of the fittest."

Such, in brief, is the evolution theory respecting the Kosmos as presented by those who affect to possess most of the wisdom of the age, and whom thousands of intelligent men and women seem inclined to follow.

My first objection to it is, that the leading facts of this philosophy are absolutely *without proof*, and without any *attempt at proof*. They are thrown out, and expected to be received, on the mere assumption of those who propound them. If any one doubts this, then let us go back to the exposition above given—to the beginning of it—and see if what I have stated is not true. What proof, I ask, is there that the original substance—that out of which all things came—was nebulous dust, and that, by the application to it of blind, naked force, the worlds were brought together? Was any one present to witness the operation, and make report? Or has any revelation been made to us on the subject? Who saw the first little living organism which made its appearance in the world—the progenitor of all the life that has since been manifested? Who saw the variations which from time to time appeared in its progeny, or marked the natural selections which occurred among them—the fittest surviving, and the rest left to perish? What proof have we of any such selections—made without any being to select—by which the different species of animal and vegetable life were at length evolved? Who was present to witness these important movements? Or who has made or received any reliable revelations respecting them? From the confidence with which these things are announced it would seem that there ought to be the proof of them somewhere; but where is it?

And the first unfoldings of these original groveling reptiles into intelligence, thought, reason and will, who witnessed them? A most marvelous event must this have been if it ever occurred; before believing which it ought to be solidly proved. And yet no proof of it has ever been furnished, or can be. And so of most of the other points in this vaunted philosophy; they have not been proved, and do not admit of proof. They are thrown out as mere suppositions, creations of the fancy—some of them most incredible suppositions—to be received on the mere suggestion of those who propound them. When

they are solidly proved, we will accept them. No philosopher ought to ask us to do so before.

My second objection to this philosophy is, that whenever it comes in contact with the Bible, it contradicts it. I need not enlarge upon this point, since the truth of it must be obvious to every reader of the Bible. As to the origin and fall of the human race, the possession of a soul distinct from the body, the personal immortality of the soul, and many other points involving some of the most important doctrines of the Gospel, the doctrines of the Bible are flatly contradicted.

My third objection to this philosophy is, that it is inconsistent with the facts of *natural science*. According to Darwin, all the existing species have proceeded from a single germ, and the varieties are to be accounted for from natural selection. But, on this ground, why do we not meet with species in the process of change—half bird and half beast, half monkey and half man? And if it be replied that our lives are not long enough to witness such changes, that the transmutation of species requires a vast stretch of years, we have a sufficient reply in the teachings of geology. We have here opened to us a round of by-gone ages, reaching back to the commencement of organized existence on the earth; and yet we find, all the way, species as distinct as they are now—in many instances the same species; in others, the remains of species which no longer exist.

Some geologists tell us that man has existed on the earth for millions of years. Of course we do not believe a word of this. But suppose it to be so. The farther we push back the origin of man, the stronger becomes the argument for the immutability of species. For the earliest remains of man show that at his first appearance he was not an ape or a monkey, but a *man*, as he is now. The oldest human skull extant is that called the Engis, because found in a cave of that name in Belgium. Prof. Dawson has a cast of it, and he says it might well be taken for the skull of an American Indian.

Not only do we fail to discover any transmission of species in past ages, but God has so ordered things in providence that such changes are impossible, at least in the only way in which they can be accomplished. God made "the beast of the earth after his kind, and cattle after their kind, and every thing that creepeth after his kind." He also established a most wise and benevolent law, that every species should bring forth its like, and if any of the species commingled, so as to produce a hybrid, he ordained that the evil should go no further, the hybrid should be incapable of propagation. We have evidence of this in every mule that walks our streets. To be sure, the different species may be changed somewhat by changes of culture and climate. So men may be, and often are. But still the lines of demarcation are kept up, and, as a general thing, with a reversion of circumstances the altered individuals revert to their original forms.

There is another fact of geology which contradicts the evolution theory, and that is the appearance, from time to time, of *new species*

on the earth. Geology teaches that great changes have, at remote periods, taken place on the earth. Continents have been submerged, and the bottom of the sea raised above the surface of the waters. Corresponding changes have occurred in the state of the atmosphere and in the temperature of different countries. In consequence of these revolutions, vast multitudes of different animals and vegetables have been destroyed, and, on a renewal of the face of the earth, new species have been raised up to take their places. I say *new species*, and not old ones modified by a blind and clumsy natural selection. Man himself is one of these new species, placed upon the earth as soon as God had prepared the way for him. Now facts such as these are totally inconsistent with the evolution theory. With reference to this point, Hugh Miller says: "The record of the rocks seems to have been written for the purpose of proving that such evolution was impossible."

I urge but another objection to the evolution theory, and that is its *atheistic tendencies*. I can conceive of a doctrine of evolution which may be consistent with the being of a God. The author of the "Vestiges of Creation" was an evolutionist. He taught that all the beings that have ever lived on the earth were evolved from a single germ, and were spread out and divided into kinds and species, as we find them in the world. But he taught that all this came from God, was under his direction and control, and that all the design and wisdom displayed in it were from Him. Now such an one, of course, cannot be an atheist; although he must, as it seems to me, reject important portions of the Bible.

But such is not the evolutionism of Spencer, Huxley and Darwin. These men may not be willing to be called atheists, and perhaps are not such consciously; and yet their speculations involve atheism, and are sure to end in it. The God of Spencer, as he sets him before us, has no personality and no personal attributes. He says that "to ascribe such attributes to Him as Christians do is to convert Him into a gigantic man." The God of Huxley and Tyndall is a naked, blind force, which surely is no God at all. They may admit that a supreme power was exerted in starting the great machine of the universe, and that a resistless force is moving it on. But no goodness or justice is displayed in it. The machine runs on, evolving different varieties of living beings, from trilobites and tadpoles up to man, without interposition or control. What we call species are produced, not by the will of a benevolent Creator, but by a blind natural selection—the survival of the fittest. and the destruction of all the rest. Now what is such a God worth? Who can love, fear, or adore him, or believe, for any length of time, that he exists? What is not personal, and has no personal attributes, is not worthy to be called by the name of God, and, in fact, is no God at all.

Accordingly, we find these men leaking out their atheism from time to time, as occasion presents; and we find those more fully ini-

tiated boldly avowing it. Thus Buchner says: "Life originated spontaneously by the combination of molecules of matter, under favorable circumstances; and all the phenomena of the universe, whether organic or inorganic, physical, vital or mental, are due to matter and its forces. Consequently, there is no God, no creation, no mind distinct from matter, and no conscious existence after death." Carl Voght says: "Mr. Darwin's theory turns the Creator out of doors, inasmuch as it does not leave the smallest room for the agency of such a being." And the *Reverend* William G. M., an American philosopher of the same school, frankly confesses that the theory taught by Spencer, Huxley, Darwin and Lyell, is absolutely atheistic. "The absolute unity of the known universe," says he, is not to be questioned, and as now conceived, it precludes a personal Deity and a personal immortality." Yes; a personal Deity and a personal immortality go together! For if there is no soul distinct from the body there is none to exist when the body is dead, and all our hopes of a future happiness in heaven are but a dream. And here I leave, for the present, this far-famed Evolutionist Philosophy. It was extravagantly lauded, at its first appearance, even by some professed Christians and ministers. But it has been long enough before the public to be scanned and scrutinized. It has been weighed in the balances and found wanting. It can never be popular. I am confident it has already passed its zenith, and will, ere long, be as thoroughly defunct as the lying philosophies of other times.

Chloroform.—(*Cincinnati Clinic.*) Dr. Reeve says: There is one stage of the anæsthetic process—a stage especially well marked in robust males—during which the inhalation should be slowly carried on, for it is a stage of special danger. I allude to the struggling stage. You have all seen it doubtless, and must have marked how respiration is interfered with—slow, jerking, or for a time entirely suspended. Over this stage always go slowly. Remember the residual air of respiration—the amount of air always in the lungs, not undergoing tidal movement. It may amount to as much as 250 cubic inches, which, if saturated with chloroform vapour at the temperature of 66° Fahr., would contain the vapour of 30 minims, or nearly twice as much as the average quantity present in the blood of an adult when sufficiently insensible for a surgical operation. That the air is not saturated, and generally not half saturated, is the reason why we do not hear of still more accidents. You will readily understand that this vapour of the residual air is being absorbed even if respiration is entirely suspended, and now if you mark that at the close of this stage, the patient usually draws several deep inspirations, you can see how easy it may be to give an overdose. Keep in mind then the residual air of the lungs during the administration of chloroform, and especially during the stage of struggling.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

CONSERVATIVE SURGERY.

There is an old saying, none the less true, that "one half of the world do not know how the other half live." It might well be paraphrased, that the non-surgical half of the profession know nothing of the progress in the other half. Frequently we are told by members of the first half, that surgeons are too fond of cutting, and do not trust enough to nature. Let us examine this a little. First, it is not true. A diligent student in surgery knows perfectly well that the mere operator is but little esteemed by his fellows; that homœopathy has made such strides in the surgical field, that the list of diseases incurable by medicinal agencies, are certainly incurable by any. The misapprehension on the part of these honest but uninformed men, lies in the fact that they confound nature with disease, and attempt to demonstrate the truth of their assertion by reference to cases of accident. Now disease is one thing, and accident is another. In the one case, after a more or less vigorous battle against disturbing influences, nature gives way, and we have disease, with a tendency towards death; in the other, the forces of nature are called into activity to repair damages, which forces are always held in reserve for just such emergencies. In one case, therefore, nature is active and fulfilling a mission; in the other, she lies prostrate and calls for help, indicating the kind needed by the symptoms.

That a severe injury is repaired often without calling upon the surgeon for aid, is what is to be expected, and we have no right to claim superior skill in cases which have such a favorable termination. In the case of disease, good surgeons everywhere lament the necessity when operative measures are called in, as it argues a want of information and is a confession of weakness. Probably, many now living will live long enough to see the knife and saw reserved solely for the restoration of symmetry after accident, and the correction of malformation. Conservative surgery, or, more properly, *preservative* surgery, is opposing to disease remedies selected according to our law of cure; and this surgery is rapidly gaining ground, and will soon

become of recognized potency. The list of "incurable" diseases is even now less than half what it was ten years, or even five years ago. Many of us do not believe there is such a condition, and ask the help of all true scientists to develope that fact. Let us, then, exhaust the materia medica upon every case presented to us, before we fall back upon the knife! When we fail let us honestly acknowledge the fault is in our limited knowledge, and the better day "referred to so often" will soon break upon us.

J. G. GILCHRIST.

TOTAL DESTRUCTION OF ONE LUNG.—Dr. J. Dowling, of Tipperary. (*Atlanta Med. and Surg. Jour.*), reports the case of a girl aged eighteen, who until within a few weeks of her death had been a domestic with a farmer, who, she stated, knocked her down and kicked her. To this she attributed her illness, which was characterized by a "dragging" pain in the side of the chest, lassitude and debility. Her case was diagnosticated as one of pleuritic effusion, and after some time she was sent to a hospital. She was then able to walk about the ward, but with a languid air and a feeble step. For two or three weeks before death she was confined to her bed; dyspnœa increased, her face became somewhat livid, and she lay upon her back. On post-mortem examination it was found that the right lung had been entirely destroyed, and the space formerly occupied by it was filled with purulent fluid. The former connection of the lung with the heart was marked by a semi-cartilaginous substance not more than two ounces in weight. Some serous effusion was found in the left pleural cavity, but the lung appeared healthy. The heart was of normal size. There was no fracture of the ribs, nor were there any marks of violence on the girl when she was first seen by her physician. Further investigation was prevented. The case is interesting from the fact that life was maintained until all but the whole of one lung was converted into pus, which was confined in the thorax; and also that no hemorrhage had taken place, while death from sudden hemorrhage might have been anticipated. The latter fact Dr. D. thinks, seems to show that the process of suppuration is sufficient to occlude even vessels of the largest calibre.

HYDROPHOBIA.—(*The Doctor*).—Dr. O. DE STEFANO relates, in the *Gazzetta Italiana*, three instances of persons bitten by the same rabid dog. The first case was that of NAPOLITANO ROSA, aged 60 years. The dog bit him severely on the back of the hand. DESTEFANO was in the apothecary's shop where the bitten man was at once applied for relief. DESTEFANO immediately had recourse to pledgets of lint, dipped in liquid ammonia, having first washed the wound thoroughly. When they became dry, other pledgets, similarly moistened with liquid ammonia, were substituted for the first. In ten days the wound was quite healed. The second case was that of ANTONIO CAPIRASO, about ten years old, bitten by the same dog in the left leg. Dr. DESTEFANO treated the boy precisely as he had treated the man, and with a like result.

The third case was that of Teresa of 60 years, bitten by the same rabid animal. The poor woman, unaware of her great peril, sought for no treat-

ment, and consequently received none. After the lapse of six months, symptoms, as well marked as possible of hydrophobia appeared, and the patient died. These cases certainly appear deserving of the utmost attention.

A METHOD OF ADMINISTERING FLUIDS WHEN THE JAWS ARE CLOSED

Dr. F. A. Burrall of New York (*New York Medical Record,*) says a simple examination, which any one can easily make of his own buccal cavity, will show that posterior to the last molar tooth, when the jaws are closed, is an opening bounded by the molars, the body of the superior and the ramus of the inferior maxilla. If, on either side, the cheek be held well out from the jaw, a pocket or gutter is formed, into which fluids may be poured, and they will pass into the mouth through the opening behind the molars, as well as through the interstices between the teeth. When in the mouth they tend to create a disposition to swallow, and by this method a considerable quantity of liquid may be promptly given. Dr. Burrall has used this plan for some time with success, and quotes one of the cases. He does not find that liquids thus administered run into the larynx.

On the Contraction of the Spleen and its relation to the Liver during Stimulation of the Splenic Nerves.—Drs. Drosdoff and Botschetschkaroff (*Centralblatt fur die Medicinischen Wissenchaften*, no. 5, 1876.—*London Medical Record, p. 156, 1876.*,) were led, by the observation of Botkin that the liver increased in size where the spleen contracted under the influence of the induced current, to investigate the relation of the spleen to the liver in animals. The spleen and liver were exposed in a narcotised dog. The quantity of blood in the portal system was estimated by introducing a manometer into the splenic vein; the results were the following:

1. On section of the nerves of the splenic plexus, the spleen increased in all directions, and on stimulating the peripheral ends of the nerves it diminished in size.

2. When the contraction of the spleen produced by stimulating the peripheral end of the nerves commenced, the liver began to increase in size. The hepatic lobules became sharply defined, their colour deepened, and their tissue became firmer. When the spleen increased the liver again became smaller, its borders sharper, the outlines of its lobules disappeared, its tissue softened.

3. After every contraction of the spleen the number of white blood-corpuscles in the liver increased. This observation agrees with the results of Tarchanoff and Swan. (*London Medical Record*, August, 1875.)

4. Stimulation of the splenic nerves increased the pressure in the splenic vein.

5. Ligature of all the splenic vessels did not completely extinguish the power of the spleen to increase and to contract, but only diminished this property.

American Observer.

EDWIN ALBERT LODGE, M. D, DETROIT, MICHIGAN, GENERAL EDITOR.

ANNUAL ADDRESS;

BY I. N. SAWYER, M. D.,

President of Michigan State Homœopathic Medical Society.

[We regret that our space will not admit this excellent paper in full. We have endeavored to present the main points, in the language of the author, and have thus, it is hoped, avoided any possible misconception of the scope and character of his argument.]

Since we adjourned our semi-annual meeting in November of last year, the battle of the "pathies," which has raged so long and so acrimoniously in our State, to the amusement of some and the intense disgust of others, has been very materially changed.

Heretofore our Allopathic brethren had the field almost entirely at their command, and were a unit, successfully defying all attempts on our part to share the privileges of our State institutions with them, while we were skirmishing around in insignificant factions, endeavoring to find some way by which to gain a foot-hold that would enable us to share these privileges with them, and we were continually quarreling with each other as to what course to pursue in this conflict between the two schools, until we had nearly exhausted our resources and the patience of all observers, and to all appearances, gaining nothing but the contempt of the world.

But time and the progress of the age have wrought a change. That once proud and invincible army of Allopathic physicians is no longer a unit. All at once the thing is transposed and we seem to be united, while our Allopathic brethren are broken into factions, as we used to be, each contending with

the other for the mastery, and every move they make only weakening themselves and strengthening our position.

But if we may judge from the tone of the secular press throughout the State and nation, almost without exception, the University party are going to be sustained, and the ultras will one of these days wake up to find that the world does move, and that it moves in spite of old moss-covered fossils too.

So far as we are concerned, the fight is really over and that we will not be disturbed unless we act unwisely and abuse the privileges extended to us. They will not be lessened by any thing the "old school" doctors may say or do; and therefore all this writing, all this resolving, protesting, scolding and appealing, on their part, will effect nothing but their own further discomfiture and weakness. It is utterly useless. The people have at last taken the matter in hand and have settled it for us and themselves. The old query, "When doctors disagree who shall decide?" has been decided by them, and the Regents have been wise enough this time to be found on the side of the people.

There has been quite a considerable amount of correspondence and oral interchange of views between the officers of this society, the professors of the Homœopathic college and the chairman of the committee on the Medical Department of the University, in regard to establishing a third professorship of Homœopathy, a sort of mixed professorship. On the 28th of March last, by request, we met the President and the Regents of the University, at the President's room, when this and other topics connected with our department were discussed at some length, and we submitted the following propositions.

First. The appointment of Charles Julius Hempel, M. D., as Emeritus Professor of *Materia Medica* in the Homœopathic Medical College, (without salary).

Second. The appointment of a third professor, viz: Professor of Clinical Medicine. (This chair to include the special

Homœopathic Therapeutics of Surgery, Obstetrics and the Diseases of women and children).

Third. An appropriation by the Legislature for the erection of an additional hospital ward, under the auspices of the Homœopathic College, in the department of Clinical Medicine.

Fourth. That the faculty of the Homœopathic College be authorized to procure, at a reasonable cost, an authenticated list of the Homœopathic physicians in the United States and elsewhere for the use of the Secretary of the University.

These several propositions were reported upon to the Board, by the medical committee favorably, and I have no doubt would have been adopted at that time but for the fact that the Board was then busily engaged upon the Laboratory investigation. We might perhaps have remained and had our proposition pressed to a final settlement, but under existing circumstances we thought best not further to urge their passage at that time.

Since the adjournment of the meeting of the Regents at that time, I have been informed that they intended taking final action upon our propositions at their first meeting and that that would in all probability take place very soon.

I would say in regard to the mixed professorship, that although the question had been the subject of conversation as well as correspondence to some extent for some time, between Professors Jones and Morgan, Dr. Eldridge and myself, but my attention was specifically and definitely called to it by Dr. Charles Rynd, chairman of the medical committee, just prior to the March meeting of the Board of Regents, and I was requested to meet the President and the Board at that time, for the purpose of consulting with them, the Professors of the Homœopathic College and Dr. Eldridge in reference to the matter.

The object was to supply a widely felt and generally admitted deficiency in our college, and the idea first originated in this feeling, that there was something lacking in our college to complete a Homœopathic medical education, together with the

knowledge that the Regents were radically opposed to duplicating chairs where the fundamentals were the same. But it was very difficult to devise a plan whereby these two considerations could be met at the same time.

If this should become an established fact, the next question that would naturally engage our attention would be the selection of a suitable person to fill the place.

You will see at a glance that such a position would require a man of large clinical as well as theoretical and didactic experience to fill it as it should be. A man fully up to the standard of a thoroughly educated practical surgeon, physician and teacher. We have such men, but can we secure their services for the sum we are now limited to, from which to remunerate them?

Again, could we secure the services of these men, would their selection be acceptable to the Regents, the two eminent gentlemen now occupying the other homœopathic chairs, and the profession? These are questions much more readily asked than properly answered.

In the first place we have but $6,000 at present from which to draw to meet all the expenses connected with our department of the University, and if we should pay another professor the same amount that we have been paying professors Jones and Morgan, (and goodness knows their salaries are small enough), we will have consumed $5,400 of the $6,000, leaving but $600 to cover all other contingent expenses.

Yet, as our expenses will in all probability be much less another than they were the last year, and as there is a surplus on hand of about $1,000, by careful handling we think the additional expenses incident to a third professorship can be met. But in order to do so we must not be required to pay any of the incidental expenses of other departments.

The medical committee were a unit as to the necessity of asking the next Legislature for another building. They said

the building heretofore occupied by us conjointly with the dental school, would hereafter be needed for the exclusive use of that department, and that it was not suitable for us any way, and that therefore it would be necessary to erect other buildings in order to accommodate us properly. They also maintained that we needed and should have an additional hospital ward for the exclusive use of the Homœopathic College Department, and I would advise co-operation with the Board of Regents for asking the next Legislature for an appropriation to meet these requirements.

As to the propriety and necessity of establishing a State hospital ward in connection with our department, I imagine no one will question. Our allopathic brethren have one, and why not with equal propriety, should we not have the same?

It may not be advisable just now to ask the Legislature to increase the annual appropriation for our support, for the purpose of increasing the salaries of our professors, so that they will not be called upon to make such large pecuniary sacrifices in order to accept, or having accepted, to maintain positions in our college, and yet this is a question that demands our most earnest and mature consideration.

I have regretted very much that the Regents did not see matters in a little different light, in regard to the salary of professors. I do not by any means doubt their sincerity or integrity, nor do I call in question their motives, and I desire particularly not to be misunderstood in this matter.

They declared at the outset that it would not do to pay our professors greater salaries than were paid members of the "old school" faculty.

Under ordinary circumstances this would undoubtedly be most consistent and entirely proper, and it may be right even in the case under consideration. I am only giving my own views upon the subject, yet by comparing the circumstances and surroundings of the two classes of professors, it would seem that

while $1,800 may be a full recompense for the labors of the one, it may be quite inadequate for the other.

To begin with then, Drs. Frothingham and Maclean both reside at Ann Arbor, and each has a large practice in his respective specialty, outside of what they get from the University and general practice. Besides all this, their connection with the University is an immense advantage to them in their peculiar fields of practice, whereas the connection of our professors with the University is directly the reverse.

I am credibly informed that at least one of these gentlemen does a cash practice of not less than $5,000 per annum over and above his salary as professor in the University.

2d. Professor Douglas—who believes that $1,800 is the sum total of his pay and perquisites?

3d. Professor Cheever—I have no hesitation in saying that his salary has been a perfect God send to him. His health has been such that he could not do a large general practice nor even sufficient to yield him $1,800 per annum, without greatly endangering his life, unless I have been misinformed.

4th. Professor Ford gets for duties in the literary department and as (nominal) instructor in microscopy and curator of the museum (which Mr. Tenbrook's book states is not characterized by any additional labor) $700, making a total of $2,500 per annum. His resources are still further augmented, I am informed, by fees from the Long Island College Hospital Spring Course, making in all an income of not less than $4,000.

Professor Dunster gets $1,800 for his services in our University, and lectures in two other colleges besides; in the spring course of Long Island College Hospital, with Professor Ford, and during the midsummer course of Dartmouth College, at Hanover, New Hampshire. His income is probably equal to that of Prof. Ford.

Prof. Palmer gets $1,800 for his lecturers on pathology and practice of medicine, $200 as dean of the "old school" faculty,

and $200 for extra lectures on physical diagnosis to seniors. He also lectures at Pittsfield, Mass., in the spring.

They all have their homes and the advantage of early residence at Ann Arbor, which is *no small* consideration, while our professors are limited to the $1,800 they receive from our college and what they can pick up from a fragmentary practice, that has been neglected six months in the year, after they return to their respective homes in the spring.

I would not mention these facts and details, were I not satisfied that the different circumstances under which the two classes of teachers labor, are not perfectly understood or fully appreciated even by the Regents.

First class talent cannot be expected to be secured for a great length of time, at a mere nominal price; hence my great anxiety that something may be done whereby the present meagre salary of our professors may be increased.

It would seem too, that the dean of each college department should receive the same extra pay for his labors as such, as that must be much the same, whether there be a class of 300 or 30.

At the outset it was the policy of this society, as well as the Regents, to go out of this State for men to fill the chairs in our college, mainly for the reason that the profession in the State were so much divided upon the University question. Of late, however, there has been quite a change in that particular, and therefore the reasons for pursuing that policy are not so cogent. I am free to say, that if one could be found in this State suitable for the place, if established, I for one would not object.

More than that, I will say this: I am so desirous of forgetting all past differences, of letting by-gones be by-gones, that I would not even enquire into his antecedents in connection with the University conflict from which we have just emerged with so much honor.

It was in this spirit that the proposition was made to ap-

point Charles Julius Hempel, M. D., Emeritus Professor of Materia Medica in our college at Ann Arbor. And this was done too without any previous correspondence with the doctor upon the subject; for although I received a letter from him intended for perusal at our interview in Ann Arbor, it did not reach me until after I had returned to my home in Monroe. This letter was full of cordial sympathy, and a desire for co-operation in our good work, and therefore, while I regretted not receiving it before, still I was highly pleased at what had been done in reference to the old doctor, and I sincerely hope that our action at that time will meet with the approval of the Regents when they meet.

I have been highly gratified to learn that the homœopathic physicians of this city (Detroit) and of Jackson county, and I believe other localities in this State, have organized local medical societies, which promise much good, not only to the profession, but the people also of those localities, if not to the whole State. When the members of the profession at these centers work harmoniously together, it is a harbinger of good will to the rest, and I shall be very much disappointed if we do not ere long have one of the strongest and most effective State societies in this country.

At our last annual meeting preliminary steps were taken for the consolidation of the Michigan Homœopathic Institute with this Society. I am not aware of any definite action being taken to that end since the adjournment of that meeting, nor do I know that there is the same spirit entertained by the members of that society *now* that was indicated then, but have good reason for believing that there is. If so, I would advise liberality and fraternity. Let us build up one grand organization which shall include within its folds every homœopathic physician worthy of recognition as such, within the State of Michigan, and then let the members labor solely for the development of homœopathy and the utilizing of the talents it represent.*

*The union was consummated during the first day's session.

LETTER FROM PROF. JONES.

To the Editor of the Detroit Tribune:

During the recent "love feast" of the State Medical Society—held at Ann Arbor, and to which the public were invited—some friends of the "regular" faculty distributed certain documents, copies of which have been sent to me. One of them is a reprint from the May number of the Richmond and Louisville *Medical Journal*, and is entitled "Homœopathy in the University of Michigan." It is evidently a campaign document, specially prepared for the occasion, and it has been assiduously and *indiscriminately* distributed. Like Goldsmith's famous chest of drawers, it is "contrived a double debt to pay," being intended as a "palliative" for the State Medical Society, and a "revulsive" for the people of the State. It reminds one of that rare scene in the Boar's Head Tavern wherein Prince Henry says:

> "Tell me now in earnest,
> How came Falstaff's sword so hacked?"

Peto—"Why he hacked it with his dagger, and he said he would swear truth out of England but he would make you believe it was done in fight; and he persuaded us to do the like."

Bardolph—"Yea, and to tickle our noses with spear-grass to make them bleed; and then to beslubber our garments with it, and to swear it was the blood of true men."

That any faculty of the University of Michigan should be obliged to tender an apology to a State Medical Society for having discharged its simple duty to the State is an instance of debasing subserviency; but that the apology itself should *ex necessitate* be a tissue of absolute falsehoods is a disgrace. If a career of usefulness, a career which has filled a quarter of a century with well doing, can be perpetuated only by lies, the price is far too dear to preserve not only a college but even the University itself.

As Dean of the Homœopathic Medical College of the University of Michigan, I am obliged to repel the calumnies by which it is assailed; and as these calumnies have been actively disseminated among the public by agencies which are not at my command, I must make my appeal to the friend of all minorities—the public press.

In order to avoid any slips of the transcriber's pen I send you the printed text of the following extracts from the above mentioned reprint:

"While clamoring for years for official recognition by the State, homœopathy, after achieving its victory, has demonstrated that the demand it alleged to be so imperative and general, was not based either upon truth or justice. The State of Michigan and the adjoining States have furnished but twenty students of homœopathic aspirations and ambition. Of these, six were candidates for graduation, but learning the severity of the labor exacted of students in a college devoted to the cultivation of scientific medicine, they one by one slunk away,

and at the end of the course there remained not one to endure the ordeal of an examination; not one to secure honestly the fruits of the labor which for so many years homœopathy had so persistently and noisily undertaken. 'A lame and impotent conclusion,' certainly. A nothingness, and infinitesimal exhibition, eloquently characteristic of this most unreliable of delusions!

"Such has been the result. Had candidates for graduation come forward, it is not difficult to tell what would have been the result; that is, if the want of energy and reliability thus manifested by those students who ran away is to be a guide or criterion.

"Homœopathy has thus already made, with every opportunity offered it, a most absolute and absurd failure in the University of Michigan. The faculty have afforded its students every advantage, but these have proved by their course that genuine tests of their information, even in branches of medicine not peculiar to homœopathy, cannot successfully be met. Homœopathy has failed in its first fair trial in a competent court, and has run away to secure a favorable verdict from a partizan jury.

"The first session is over. The experiment has been made. The faculty, sustained by some and censured by many, have, for reasons indicated, remained at their posts and made the trial determined upon. Homœopathy has utterly failed to meet the ordeal so noisily sought It has been demoralized, and it has practically retreated.

"It is said that it will now seek legislative aid and have a complete faculty of its own, making its camping-ground at some very material distance from Ann Arbor. That the State will perpetrate the folly of salarying for homœopaths additional teachers of anatomy, surgery, physiology, obstetrics, gynæcology and chemistry, when the advocates of homœopathy claim that they learn these branches and teach them as they are now taught at Ann Arbor and other scientific medical schools, is impossible. Homœopathy has in such hopes nothing but defeat, absolute and complete. To remain in the University of Michigan is to have its defeat equally sure and certain. It is, indeed, already defeated."

The points to which I ask attention are:

First—That we had a small list of students.

Second—That "candidates for graduation" slunk away "from examination."

Third—That homœopathy "will now seek legislative aid and have a complete faculty of its own."

That *homœopathy has already made a most absolute and absurd failure in the University of Michigan* is what logicians term a Q. E. D.—freely translated, "a consummation devoutly to be wished." Modesty forbids me to say any more of it. The other points I will now discuss in order.

First—The smallness of the class of students is largely owing to the terrorism which it seems to be the aim of the "regular" faculty to

inspire. During the last session, that time was consumed in villifying homœopathy and its practitioners which should have been given to teaching the principles and practice of "regular" medicine, thus substantiating the justice of the suspicions that homœopathic students cannot gather figs from thistles. Every student desires an *impartial* examination, and they have good reason to fear that the strain of doing justly will hurt some of the "regular" faculty.

Another reason for our limited class is that a homœopathic practioner in Detroit, from considerations even smaller than his pills, did his utmost to discourage matriculation, and urged students to attend a neighboring Homœopathic College, which complacently lowered its fees for the occasion.

The combined result of these inimical influences was a small class, but one of sterling quality, a class which, in all that makes the earnest student and the true gentleman, was a worthy example to that larger body of "regulars" whose lawlessness necessitated the presence of the Ann Arbor police in their college for nearly half the term.

Second—*Six* of the homœopathic class are declared to have been "candidates for graduation," and to have every one "slunk away from the ordeal of an examination." This is an unqualified falsehood. Such candidates are obliged to inform the Dean of the college wherein they desire to graduate, etc., of their intention, and my books will show that not one of the homœpathic class made such an announcement. All of our classes elected the three years' course of study, and on that ground none of them were eligible for graduation at the last session. On such *facts* they base the assertion that "homœopathy has made a most absolute and absurd failure in the University of Michigan." A cowardly calumny is their only resource, and where we find "scientific medicine" reduced to such weapons our resentment at their baseness is quenched in contempt.

Third—"It is said that it will now seek legislative aid and have a complete faculty of its own." The majority of the homœopathic physicians of Michigan do not favor such an abuse of the munificence of the State. Anatomy, physiology and chemistry are the same for all "pathies." Surgery, obstetrics and gynæcology include conditions requiring the use of medicines, and to give completeness to the teaching of homœopathy in the University of Michigan there should be two more chairs to teach the therapeutic half of these branches, the only valid objection at present urged against the Homœopathic Medical College of the University of Michigan being its incompleteness in this direction.

Last winter, it is true, a "complete faculty" for the homœopaths was suggested and talked of by the "regular" faculty with a disinterestedness which is equal in its "richness" by only Squeers' skim-milk!

The "regular" faculty, according to a report of the Associated Press (New York *Tribune*, May 12th,) has declared itself "competent

to extinguish homœopathy." Allow me to suggest the only practical plan for doing this: Let them give to homœopathy one half of their new hospital with a challenge to finish the "war of the 'pathies" in a generous emulation at the bedside of the afflicted. Words are cheap, lies are ruinous, and results alone can determine our respective value to the State.

For such a trial homœopathy makes her appeal, and remembering her past with thankfulness awaits the future with confidence. In the prison of your own State she has already demonstrated that she excels her older rival in reducing the death-rate, curtailing the duration, and lessening the expense of treating disease. She has established in the family her claim to the confidence and the patronage of the State. She has won her place by fitness, not favor, and in any future struggle she asks only "the survival of the fittest."

SAMUEL A. JONES.

ENGLEWOOD, N. J., May 27, 1876.

UNIVERSITY OF MICHIGAN.

At a meeting of the Board of Regents, held at Ann Arbor on the 19th of June, Regent Rynd offered the following resolution:

Resolved, That the Executive Committee be directed to consult the homœopathic professors, Drs. Jones and Morgan, in reference to the appointment of two lecturers, who shall be paid one-half term services, or $900 each, and that the Executive Committee be empowered to appoint such lecturers on the united request of the homœopathic professors. Adopted.

Regent Rynd also offered the following:

Resolved, That the homœopathic medical faculty be, and are hereby required to make all the final examinations of students in the Homœopathic Medical College, and that the report of such a final examination be made by such faculty through the President to the Board of Regents.

The resolution was laid on the table at the request of Regent Rynd until the next meeting.

THE AMERICAN MEDICAL ASSOCIATION AND THE ALLOPATHIC FACULTY OF ANN ARBOR.

We reprint the following statement of Prof. Maclean in full as it presents the action of the American Medical Association with some items of history, and shows very clearly the present animus of the Ann Arbor Allopathic Professors:

To the Editor of the Detroit Tribune :

In your brief editorial on "*The War of the Pathies*" in your issue of this morning, you state that "both sides of the 'regular' profession claim a practical victory in the recent proceedings before the American Medical Association at Philadelphia." In order that there may be no further misunderstanding upon this point permit me to state clearly and succintly the events which actually transpired at Philadelphia. In doing so I will be extremely careful to adhere so closely to the *simple facts* as to leave no room for contradiction, discussion or denial.

First—The delegates from the Michigan State Medical Society prepared charges against the members of this faculty who were in attendance at the meeting in Philadelphia. These charges were referred to the judicial council of the association, where they were *not entertained,* the council holding that they had no jurisdiction.

Second—Prof. Frothingham and myself preferred charges against the delegates of the Michigan State Medical Society on the ground that by their treatment of the University, through the resolutions submitted by the Committee of Nine, and which the society had accepted and adopted they had violated the spirit of the code of ethics of the American Medical Association. These charges were not sustained by the judicial council, on the ground that individual members are not held with absolute logical rigor to the spirit of the code of ethics, and although our charges were logically sound and clearly proven, still they were hardly of such a nature as to justify the exclusion of a whole State delegation. That delegation was consequently admitted on the forenoon of Thursday, the second and last day of the meeting.

Third—Before the Secretary had read the above report of the judicial council, Dr. Frothingham preferred charges against and moved the expulsion of the delegates from the Michigan State Medical Society on the ground of the most glaring and undeniable affiliation with homœopathy and other quackery! These charges were at once referred to the judicial council, and the delegates from the Michigan State Medical Society were required to continue their efforts to defend themselves, and this time from no "fine-spun" or "far-fetched" charge, but one from which, in the light of *facts* and *evidence* to which the attention of the association had been previously directed by means of the circulation amongst them of a printed extract from the transactions of the Michigan State Medical Society, and which was at once seen to be of the most serious, and at the same time apparently unanswerable, character. Upon these charges the judicial council were unable to report during the meeting, but undertook to do so at the next annual meeting of the association. If the delegates from the Michigan State Medical Society claim "the victory" upon this point, by all manner of means let them have it. To the best of my knowledge and belief no delegate from the Michigan State Medical Society occupied the

floor of the convention, or of any one of the different sections for a single instant, nor did any one of them vote during the whole of the meeting. Had it been the centennial year of the twentieth centruy these gentlemen could not possibly have been more silent. If they claim *the victory* on the ground of silence I for one admit that the claim is well founded.

Fourth—Two resolutions were passed by the Association unanimously. The first reads:

"*Resolved*, That members of the medical profession who in any way aid or abet the graduation of medical students in irregular or exclusive systems of medicine are deemed thereby to violate the code of ethics of the American Medical Association."

Now, so far as the broad principle of this resolution is concerned, I do not hesitate to say that it is fully and heartily *endorsed by every member of this faculty*, and we all voted for it. At the same time it will be seen that its looseness of expression is remarkable, and is rather calculated to excite suspicion, and this suspicion is thoroughly justified when we find Dr. Foster Pratt boasting that (although he was compelled to get a member in good standing in the Society, viz: Dr. Toner, of Washington, to move it,) he was the real author of that resolution. All danger (if any) which this resolution portended for the University of Michigan, was at once obviated by the other resolution which was also passed without a dissenting voice. It was moved by Prof. Frothingham and it reads as follows:

"*Resolved*, That the judicial council be asked to define precisely the nature and degree of action which constitutes 'aiding and abetting' and report to the next meeting of the association."

Now, sir, it is by virtue of *this* resolution that the friends of the medical faculty of the University claim "the victory" at Philadelphia and we do so from two points of view:

(*a*). It blights Dr. Foster Pratt's incipient syllogism, which in all probability would have read as follows:

First—The National Association condems all who *aid* and *abet* in the graduation of irregulars.

Second—The University Medical Faculty aid and abet such graduation.

Third—*Therefore* the National Association condemns the Medical Department of the University of Michigan.

By virtue of Dr. Frothingham's resolution the *judicial council* will have to decide whether or not we are engaged in aiding and abetting, and in the meantime neither Dr. Pratt nor the Michigan State Medical Society, nor the whole army of rivals and disappointed malcontents by whom we are attacked have any right to accuse us any more than we have to accuse them of "aiding and abetting."

(*b*). Secondly and above all we claim "the victory" on the ground that the great, learned, and truly liberal profession to which we owe allegiance will now, at last, be compelled through means of its judicial

council to *investigate thoroughly and impartially all the particulars* of our relations to homœopathy. We of the University have unbounded faith in the integrity and ability of the judicial council, and we await with the utmost confidence and serenity its decision and that of the profession as a whole, when the mists of prejudice, and misrepresentation in which our case has hitherto been enveloped shall have passed away through the clarefying agency of that court of inquiry from whose decision there is *no appeal.* I am, etc.,

DONALD MACLEAN.

ANN ARBOR, June 21, 1876.

The *Philadelphia Times* reports that the judicial council of the *American Medical Association* decided to try the charges preferred against the Michigan State Medical Society on the day preceding the next annual meeting of the Association, the Michigan delegates in the meantime being kept from their seats. In presenting these charges of affiliation with irregulars before the National Association, Professor Frothingham has made a strong point for the University of Michigan, for if the charges are sustained and the council decides that teaching homœopathic students also constitutes improper "affiliation"—for the two cases are considered exactly similar—the Medical Faculty of the Michigan University can peremptorily demand of the Board of Regents the removal of homœopathy from the institution, as no students will care for a diploma which will not be recognized by the American Association, and if the charges are not sustained the State Society can no longer question the right of University graduates to admission among them. The true cause of the strife is that for many years past a number of prominent medical men in the State have been planning, according to their own confession, not to put down homœopathy, but to destroy the State Medical School or make it homœopathic, and establish a private school in Detroit, the professional chairs of which would be occupied by themselves.

DEFERRED ARTICLES.

The following, with a number of other valuable papers, are reserved for next number: *Surgery as a Science, by Dr. J. G. Gilchrist; Proving of Comocladia dentata, by Dr. J. Hyde; Translations by Prof. Lilienthal; Lecture on Belladonna, by Prof. Hoyne; Reviews, Book Notices, Etc.*

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Address: W. M., care of *American Observer,* Detroit, Michigan.

THE WORLD'S HOMŒOPATHIC CONVENTION.

This convention assembled at Philadelphia, June 26th. The President, Dr. Carroll Dunham, of Irvington, N. Y., called the convention to order, and in a brief address welcomed the delegates to the city.

The officers of the convention were as follows:

President—Carroll Dunham, M. D., Irvington, N. Y.
Vice-President—E. C. Franklin, M. D., St. Louis.
General Secretary—R. J. McClatchey, M. D., Philadelpeia.
Treasurer—E. M. Kellogg, M D., New York.

Dr. Dunham then addressed the convention, and during his remarks he alluded to the correspondence in the possession of the Committee on Arrangements, upon which the convention would be called upon to take action. Allusion was also made to a fine bronze bust of Dr. Hahnemann, the founder of the homœopathic school, which had been forwarded to the convention by his venerable widow, Madame Hahnemann, of Paris. He here read a cable despatch just received from Madame H., expressing her interest in and hope for the success of the convention.

Dr. Dunham then went on to state that in 1810, Hahnemann stood alone, the only homœopathist in the world. Now the system had its scores and hundreds of representatives in every country of Europe, in Asia, Africa, Australia, South America and the West Indies, while in our own country the number of its educated and graduated practitioners is not less than five thousand. It has here and elsewhere its journals, its hospitals, colleges, dispensaries, and a clientele of millions of educated laymen. Medical schools have usually died with their founders, or else a little before them. It is now thirty-three years since the venerable discoverer of our school entered into his well-earned rest, but his system of medicine has made steady and rapid progress. He then dwelt upon the fact that of the few cardinal points of the homœopathic doctrine, *all* were at first rejected and ridiculed by the allopathic school. Now, some of them are accepted, others are the subject of experimental investigation and discussion, and but one of them is rejected in toto. He believed the time was not far distant when progressive research in the allopathic school would yet convince doubting homœopathists of the efficacy of the minute dose. In illustration of his point he cited the fact that more than a quarter of a century ago, Dr. Constantine Hering instituted experiments from which he was led to the conviction that morbid effects could be obtained from the ingestion of snake poisons analogous to those obtained when the poison is introduced into the circulation.

(A further report of the proceedings of the convention will be published in our next number.)

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

EXPERIMENTAL STUDIES ON DIABETES.

BY DRS. BOCK AND HOFFMAN.

Three theories are usually broached on this subject. 1, the sugar is formed normally in the organism, but from some cause or another not used up, and this quantum not burnt up in the lungs is excreted by the kidneys. 2, the consumption of sugar in the organism is normal, but the production of sugar is in excess, and this surplus must be discharged by the kidneys. 3. Production and discharge of sugar by the lungs are both increased, but the latter in a less degree than the former.

The trouble is only, that this theorizing is of no practical use, for we have no criterion yet to find out under which of these three theories a diabetes patient may suffer.

They found out by their experiments that the sugar is a normal constituent of the blood. Lehmann found, that the portal blood contains at most only traces of sugar, whereas the hepatic veins contain 0,095 per cent., and this observation was affirmed by *Bernard* and *Schiff*. *Tiffenbach* found in the blood of the heart 0.49 to 0,26 per cent of sugar. *Bock and Hoffman* prove by a large number of experiments, that sugar is always found in the blood of rabbits, whether it is taken from the carotis or directly from the heart, oscillating between 0,07 to 0,11 per cent. only when the liver is directly compressed or injured, the percentage of sugar will be doubled. The question only remains, does the sugar come from the intestines or from the liver; from the intestines, as here the sugar immediately from the nourishment is taken into the circulation, or from the liver

as it is well known, that this glandular organ produces glycogene, which quickly changes into sugar. Older experiments prove the latter. Thus *Moleschott* extirpated the whole liver in frogs, the animals lived nearly three weeks after the operation, but he could not detect any sugar either in the blood, nor in the muscles, gastric juice or urine. *Schiff* repeated the experiment with the same result. Still their own experiments decisively prove, that *the intestinal lymph as well as the liver must be considered as the original sources for sugar.*

It is well known that curare produces diabetes in animals. When rabbits are poisoned with it, the hepatic vessels quickly close, the sugar disappears rapidly from the blood, hence the conclusion lies close, that when the importation of sugar into the blood is prevented, the quantity of sugar present is quickly burnt up. The same is observed by puncturing the base of the fourth ventricle. We witness an increase during the first hour, in the second the quantity of sugar remains abnormally high and gradually returns to the norm. When with the puncture the hepatic vessels are closed, we see again a decrease of the sugar, but it is difficult to make conclusions from animals to man.—*Zeitschrift fur pract., Heilkunde, No. 7, 1875.*

PARALYSIS AGITANS.

BY PROF. CHOOSTEK.

Differential diagnosis:

1. *Tremor senilis*, begins on the head, and then attacks the lips, the tongue, and far later the extremities, it is a symptom of senility and we never see there the paretic states characteristic of paralysis agitans.

2. *Tremor mercurialis*, etiology: chronic stomatitis, etc., paralysis of rectum and bladder which is never observed in p. a.

3. *Tremor saturninus*, etiology: bluish grey edge of the gums, dingy coloring of the skin, nervous disturbances, lead-

colic, paralytic state of the extensors of the upper extremities, epileptiform and eclamptic states, amaurosis.

4. *Tremor potatorum*, etiology : the tongue is easily attacked, it appears early in the morning with an empty stomach and is diminished by taking the usual stimulant, chronic gastric and bronchial catarrh, amblyopia, even amaurosis, finally delirium tremens.

5. *Tremor simplex*, called by Sanders *Dysteria agitans*, appears in younger persons, and is never found in combination with paretic states, nor with contraction, pro—or retropulsion.

6. *Multiple sclerosis.* It is a symptom of youth, whereas p. a. hardly ever sets in before 40 years. Tremor only appears in sclerosis when motions are intended, e. g., when the patient wishes to carry the spoon to the mouth ; in p. a. on the contrary the tremor is also observed during perfect rest, it may be increased from an intention to motion or from mental excitement, but ceases when the part affected is supported. In p. a. the tremor begins in the upper extremities or in the hand and progresses ; but rarely attacks the neck or trunk. In sclerosis the head is first attacked and then the neck. In p.a. debility of the affected parts is soon added to the tremors, whereas in sclerosis the tremor is added to an already existing paralysis showing itself as paraplegia, hemiplegia, as crosswise paralysis, (facialis of one side, extremities of the other) or finally as paralysis glossolabia-pharyngea. Sensibility is not dulled in p. a., whereas in several cases of sclerosis dullness of several parts, e. g. in the trigeminus has been observed. Cephalic symptoms are never absent in p. a., vertigo on the contrary is observed early in most cases of sclerosis ; also headache and sometimes sleeplessness. Nor does p. a. show any disturbances of the organs of sense ; whereas, in sclerosis nystagmus is frequent, also dilatation of the pupils, strabismus, disturbances of hearing, tasting, or smelling. In sclerosis we also meet an irregular beat of the heart, palpitations, alternately frequent and slow pulse, paresis of the rectum and bladder, vomiting, whereas in p. a. no

symptoms of the circulation or of the abdominal organs are shown. In p. a. we meet slight stammering only from word motions, in sclerosis it may become a monotonous speech at first and end in raphonia. In p. a. the flexors of the upper extremities are especially attacked, whereas in sclerosis the paralyzed muscles, especially the extensors of the lower extremities, are attacked by tonic spasms, where the upper extremities are in spasmodic action, we find them in close proximity to the trunk. The affected extremities show in sclerosis the symptoms of spinal epilepsy, as soon as they are passively bent or become affected by other stimuli, which is not the case in p. a.—*Deutsche Zeitschr. f., pract. med., 19, 1875.*

SWELLING OF THE SPLEEN.

Prof. S. Bortkin observed repeatedly, that the swelling of the spleen decidedly decreases under the influence of an induction-current acting on the spleen, especially so in leucæmia where also the swollen lymphatic glands visibly diminished under its influence, in malarious cachexia and in acute infectious processes. The decrease in the swelling either continued as long as the current was acting, or for a whole day. Sometimes a simultaneous enlargement of the liver was observed. Eructations: rough percussion and palpitation acted similarly to electricity. These fluctuations in the volume of the spleen, depend partly on the changing quantity of blood in the spleen, partly on the contraction of the muscular fibres in it. The enlargement of the liver arises thus: that with the diminution of the spleen a larger quantity of blood is pressed from it into the portal system. *Rogomoloff*, who gives two cases of leucæmia observed by him, found in one case, after the application of electricity, an increase of the white corpuscles (from 1:45 to 1:31; from 1:64 to 1:44; from 1:33 to 1:32;) from which we may conclude that more of the contents of the spleen entered into the circulation. This, as well as the improvement produced

by electricity in both leucæmic patients, prove that the increase of the white blood-corpuscles might explain the nutritive disturbances. *Botkin* believes that an increased stagnation of blood and an augmented destruction of red blood-corpuscles in the spleen belong to the noxious consequences of the swelling of the spleen, and that electricity will be beneficial against the sequelæ in large swellings, observed during acute-infectious diseases. The swelling of the spleen in infectious diseases is partly based on hyperplastic process; partly and chiefly, where it appears and disappears rapidly, on a larger accumulation of blood. In the different processes one or another may be more outspoken, and even in one and the same disease, as febris occurrens. Botkin found sometimes the spleen not changed. At its first appearance at St. Petersburg, nine years ago, the splenetic tumor was of considerable size and density, more than of later years, and since the appearance of recurrent fevers, the quality of the spleen in typhoid has also changed in and approaches more to the recurrens-spleen. The clinical picture of typhus shows also now more frequently a mixture of symptoms with those of recurrens and several other diseases, as tonsillitis, rheumarthritis, pericarditis and endocarditis, influenza; pleuritis and pneumonia, acute intestinal catarrh also give symptoms, reminding one of recurrens, and show parenchymatous changes, as they are peculiar to the latter. Cholera-epidemics show the same influence as all other diseases, and in a similar manner epidemics of influenza and malaria impress their own peculiarities on other ruling diseases by which the diagnosis becomes sometimes rather difficult. The changes in the organs arising under the influence of acute infectious diseases frequently become the starting point of inflammatory processes. Chronic hepatitis, and nephritis, and splenetic tumors start too often, at their very beginning, from such processes. At first the disturbances in the motion of the blood and functions of the organs may still be compensated, and thus show no symptoms. Leucæmia may also thus arise

from swelling of the spleen, caused by different processes, (acute and chronic infections), and many forms of chronic fatty degeneration of the cardiac muscles may arise from acute infectious disease.—*Centralbl, f. d. med., Wissenschafpten, 4, 1875.*

TYMPANITIS.

A woman, confined about three or four weeks and suffering from parametritic exudation, was attacked by severe tympanitis of the whole abdomen. *Dr. Windelband* saw that without rapid aid death was imminent, as already the pulse could not be felt, with icy coldness of the extremities and cyanosis. Having no other instrument at hand, he took his hypodermic syringe, introduced it in about sixty different places, and alway evacuated with every puncture gas, discharging itself with loud noise. The tympanitis and the immediate danger was removed. He prescribed phosphorus for internal use and she gradually recovered. He feared severe adhesive peritonitis, but was happily disappointed. In another case of tympanitis a Danish physician plunged a trocar in the colon and thus evacuated the gas.—*Hirschel's Klinik, Feb., 1875.*

GLYCOSURIA.

BY PROF. ANDRAL.

Andral made a report of eighty-four cases of glycosuria, treated by himself, to the French Academy of Medicine. Two of his patients were under six years, three between ten and twenty, twelve between twenty and thirty, twenty between thirty and forty, twenty between forty and fifty, thirteen between fifty and sixty, twelve between sixty and seventy, one seventy-three, and another even seventy-eight years. The frequency of the disease, therefore, coincides with that age when the organic functions develop their chief activity. The male sex preponderates, inasmuch as of the

eighty-four patients fifty-two were males and only thirty-two were females. Among the causes, the influence of the nervous system prevail. Andral frequently observed sugar in the urine after a severe nervous impression, and in one case, where the urine usually only contained twenty grammes to the litre, it rose after a mental depression to ninety-six grammes. One of his patients became diabetic after having inhaled ether for several months, even to intoxication, and another one, after having complained before of disturbances of sensibility, of anæsthesia, and other neuralgic pains. One patient became diabetic after having suffered before from epilepsy, another one from paraplegia. Trauma was twice the cause of diabetes, namely, a concussion of the occipital region. Insufficiency of nourishing food was the cause in some cases ; but more cases are observed among well-to-do people than among the poor. He agrees with Claude Bernard that much food is far more frequently to blame than absolute want.

Diabetes may set in when the patient is in the best health, but he observed also the appearance of diabetes in patients suffering from dyspepsia, phthisis, asthma, organic diseases of the heart, in reconvalescence from cholera and typhus. Diabetes may, therefore, set in where vitality is high as well where it is at a low ebb. Diabetes frequently arises momentarily when an acute disease sets in ; whether the disturbance in nutrition, caused by the fever or the want of food, causes the sudden disappearance of sugar is still undecided. Diabetes may be hereditary, or may attack several members of one family, whose parents did not suffer from it. Diabetes may last for several years, and still the patient enjoy fair health, or it may run an acute course and become fatal after a few weeks. In regard to general circulation, hardly any changes will be noticed, and the pulse mostly varies between fifty-six and eighty, but capillary circulation is in most cases changed. We meet more frequently in diabetes than in any other chronic disease, red and swollen gums, injected conjuctiva, furuncles. Stagnation of

blood in the pulmonary capillaries, with passive congestion, is the most frequent cause of death in diabetic patients. Whether such a congestion is caused by a disturbance of the vaso-motory system, or because the blood, loaded with sugar, circulates more slowly in the capillaries, is still unknown. Gangrene was four times observed; in one case autopsy revealed obliteration of the arteries from coagula. Most patients complained of coldness of the extremities, still the thermometer nearly always showed thirty-seven degrees in the axilla. Sometimes the sugar disappears suddenly, and the patient remains cured, (four cases), in one case epilepsy set in after the disappearance of the sugar. Autopsies constantly revealed a congestive state of the liver and kidneys, showing an increased functional activity of these organs the spleen was in all cases hardened, its dried up parenchyma gave not a drop of blood when cut into or by pressure, and tubercular noduli were always found in the lungs. Treatment was of no great benefit to the patient, and exclusive animal food found decidedly injurious.—*Allg. Med., Central Zeit., Sept., 1875.*

ETIOLOGY OF SCORBUTUS.

Villemin affirmed in the Science de l'Academie de Medicine that the deficient nutrition, the moisture and bad hygiene on ship-board, etc., gives a predisposition to scurvy, whereas we must look to a fungus as its direct cause. The want of fresh vegetables is only a predisposing cause. Scurvy is also contagious. *Arnould* refers to the essays of Felix, of Bucharest, who found the cause of scurvy in the absence or insufficient quantity of fat in the food. He always found that during the time of the Russian fast, soldiers, prisoners and poor people suffer greatly from scurvy, inasmuch as at that time these classes abstain entirely from animal fat. Vegetable fats are not given to soldiers and prisoners, and are too costly for poor people.—*Deut. Zeitschr. f. pract. med. 39, 1875.*

THERAPEUTICAL EXPERIMENTS ON THE ACTION OF ESERIN IN CHOREA.

BY DR. BOUCHUT.

According to Bouchut, Eserin diminishes the muscular contractility and increases the contractility of the small vessels. He gives Eserin or its sulphate in the dose of 3-5 milligrammes three or four times a day, hypodermically, and somewhat stronger per os; but then on an empty stomach. The spasmodic movements diminish during its action, by and by, also during the intervals between one dose and another, and after ten days the cure is finished. Gastric troubles, sometimes even a transient paralysis of the diaphragm follows, (5 milligr. subcutaneously.) Its action is more certain with hypodermic injections than per os.—*Bullet de Therap., 24, 1875.*

CRITICAL STUDIES ON THE PATHOLOGICAL PHYSIOLOGY OF DIABETES.

BY DR. DURAND-FARDEL.

It is wrong to transport the results of physiological experiments to pathology, especially in relation to the pathogenesis of diseases. We only can consider the physiological experiments of any weight when supported by clinical experience.

In relation to diabetes, Cl. Bernard gives us the physiological results. The blood of a healthy man, taken from the arm, contains 0.90 sugar to 1,000 parts. This proportion is nearly always the same, but venous blood contains somewhat less sugar, with the exception of the veins between liver and right heart, but we find hardly any in the blood of the portal system. This sugar partly comes from the food, another part may form itself in the body itself. The introduced sugar is glycose and saccharose. We recognize the glycose under the form of amylaceous substances (fecula), which are changed by the saliva and pancreatic juice into glycose. The intestinal juice

only acts on the saccharose (cane and beet sugar). A small part of this glycose is absorbed by the intestinal veins and lymphatics, but the greater part is carried through the portal veins into the liver. Thus the portal blood only contains sugar in larger quantities after the digestion of sugar, whereas the proportion of sugar in the other blood is independent of the food, and inasmuch as the veins between liver and right heart show the same proportion of sugar in the blood as the arteries, and more than the other veins. The liver must serve as the regulator for the sugar, which it retains when introduced in too large a quantity, as well as a producer of it. This hepatic sugar is formed through the mediation of a ferment from the hepatic glycogene, which again seems to take its origin from peptons introduced through the portal system, but also from the introduced sugar. But the sugar of the blood is finally decomposed by a lactic ferment everywhere present. As a proof that the liver alone could not be the sole sugar-producing organ, the author shows that the same quantity of sugar is found in the blood, even where the liver is totally disorganized. The author then speaks of the artificial production of diabetes, as through Cl. Bernard's piqure, and explains the appearance of artificial glycosuria, whether produced by poison, by piqure, by division of vasomotor nerves, etc., always from a paralysis of the vasomotor nerves of the liver, hence a dilatation of the blood vessels and increased contact of the blood with the hepatic cells.

Two points result from the physiological experiment. 1. The liver prepares, if not the whole, at any rate the greater part of sugar in the organism. 2. The glycogenic function of the liver depends on the sympatheticus.

The liver must, therefore, play an important part in the pathogenesis of diabetes. But in 462 cases, *Fardel* observed only forty times, symptoms relating to the liver, mostly slight painfulness and swelling. He also never observed diabetes in his clinic after acute hepatic diseases, or after operations or

muscular exertions, etc, whereby the import of blood to the liver was essentially increased, and where glycosuria is observed during the physiological experiment, *Rindfleisch* and *Coruil* found in diabetic patients the hepatic cells preserved but granulated.

Neither does the nervous system show any alterations before the setting in or during the first stages of diabetes, except when a trauma attacked the floor of the fourth ventricle and caused the diabetes. Even during the further course of diabetes the morbid manifestations of the nervous system show only a subordinate position, and appear consecutively in consequence of general disturbances of nutrition, or from a local morbid condition, as sleeplessness in women, in consequence of pruritus. Lumbar pains may be explained from the transitus of urine rich in sugar through the kidneys, convulsions from the action of the sugar on the muscles. The rare cutaneous hyperæsthesiæ, or partial anæsthesiæ, offer nothing characteristic. It might be said that many diabetic patients die with the symptoms of cerebral disturbances, but they may be perfectly independent of the diabetic process. At the age below twenty, pulmonary phthisis mostly causes death, at a later age, pneumonia or apoplexy are often blamed for it, although it is difficult to find out the connection between this exitus lethalis and the diabetic disease.

It is thus still a mystery, by which mechanism the production of sugar is increased in diabetes, but we have heard so much that the sugar excreted with the urine is not alone formed from the hydrocarbons, but also from substances entirely alien to them, as from nitrogenous substances.

The author speaks then of his doctrine of diathesis. According to the three chief forms of nutriments, the nitrogenous, the fats and the hydrocarbons, he distinguishes three diatheses : the uric, (gout, gravel, etc.,) the fatty and the diabetic diathesis. He supposes that only a partial oxydation or reduction of the corresponding introduced matter takes place, that the remnant

accumulates in the organism, but that at the same time an anomalous transposition of one of these three matters in the others takes place. He calls them "diathesis par anomalie de l'assimilation des principes immediats." Where this non-assimilated matter is not discharged from the body, the body becomes intoxicated and the whole constitution suffers. Corresponding to this idea, he ascribes all symptoms of diabetes only the thirst and the not very frequent voracious appetite to the glycosuria, and considers all other symptoms as manifestations of local irritation of the sugar which, instead of being excreted, was retained in the tissues and in the blood. The other, and especially the grave symptoms, emaciation and cachexia, do not depend on the quantity of excreted sugar, but rather on the quantity of sugar deposited in the organism.

In relation to therapeutics, he favors the plan of stopping the importation of hydrocarbons, although the anomalous change of nitrogenous substances into sugar cannot be prevented by it. He believes that the sugar of the food causes the glycosuria, whereas the sugar in the organism causes the manifestations of intoxication. Drugs like opium or bromide of potash are decidedly injurious, as they diminish the polyuria, and thus prevent the necessary excretion of sugar. Muscular exercises aid the action of the strict diet, as thus the sugar deposited in the body is more apt to be used up. Vichy and Carlsbad remain his chief reliance.—*Gaz. Med., 1875, No. 20 to 30.*

THE MOVABLE KIDNEY.

Fourrier draws the following conclusions from six cases of moveable kidneys: 1. Most cases are found among women. 2. The right kidney is more frequently affected than the left one, (five to one.) 3. It may be caused by a congestive state, setting in at every menstrual period in the abdominal organs, and also in the kidneys. It rarely arises in consequence of enlargement of the kidneys, caused by nephritis. He cannot

adopt the idea of Cruveilhier, that the pressure of the corset pushes the kidney from its normal position and renders it moveable. 4. The symptoms change with the age. Women in the climacteric years bear the trouble for a long time without much complaint, whereas young women suffer at every period from colicky paroxysms, vomiting, palpitations and nervous disturbances, all of which ceases with the menopause. 5. It might be mistaken for an hepatic tumor, but where the dulness of the liver is separated from the tumor by a zone of tympanitic sound, the tumor belongs to the kidney. 6. Young women must take absolute rest during menstruation. All emotions or severe exertions must be avoided. They ought to wear a closely fitting abdominal bandage, which firmly holds and supports the moveable kidneys ; prescribe mild laxantia and preparation of iron. Iodine ointment may be applied over the abdomen in order to remove any renal congestion.—*Bull. Gen. de Therapeutique, 1875.*

LA INTOSSICAZIONE CHINICÆ L'INFEZIONE MALARICA.

PAR IL PROF. TOMASELLI.

This monograph contains eight observations, showing that in some cases of malarious fevers the chininum for itself, and independently, produces a febrile paroxysm. He describes it thus : During perfect rest, and about two or three hours after taking the first dose of quinine, the patient is attacked with severe trembling. The temperature of the skin is low, the face pale and bedewed with cold sweat, in the lumbar region a sensation of pressure, bilious vomiting. After two or three hours, during which these symptoms lasted, the temperature rises rapidly ; bloody urine is copiously discharged ; the vomiting keeps on ; sero-bilious stools set in ; dyspnœa and icterus of the whole body. The rise of the internal temperature is rapid, from 3 9.5. to 41° c. After twenty-four to forty-eight hours it

sinks rapidly, or also gradually during a week. The paroxysm mostly sets in suddenly, and it is only rarely preceded by an irritation lasting from a few minutes to one hour. Large doses are not necessary to produce this state, a few decigrammes frequently, suffice. He only observed it in persons suffering from severe malarious fever, and never observed it in other cases in spite of very large doses of quinine. He asks the question: is it an indiosyncrasy, or may chininum have a special action on the sympatheticus?—*Memoria del Academia, March 15, 1875.*

HYPODERMIC INJECTIONS OF CARBOLIC ACID IN FEBRILE ARTICULAR RHEUMATISM.

Dr. C. F. Kunge and Prof. Aufrecht recommend the following treatment: (1.) The subcutaneous injection (1 or 2 per cent.) never causes pain or inflammation. (2.) Half an hour to two hours after the injection the joint is free from pain and can be moved in every direction. The more swollen the joint is, the more beneficial its action, especially on joints surrounded by soft parts, as the large joints. The injection has to be made immediately at the joint. They consider it as an anæsthetic antiphlogisticum. (3.) It influences the fever in so far as this is a reflex of the local inflammation. For the reduction of the fever large doses of quinine (1 grm. morning and evening) are recommended, till surring of the ears sets in. (4.) The urine never showed that dark-green color spoken of by other observers, but always a considerably increased secretion of uric salts, especially of the amorphous acid urate of soda, so that the chamber showed on the edges and at the bottom a thick, brick-colored sediment. (5.) The disposition to sweating remained unchanged. (6.) Sleep soon sets in with the cessation of the pains.—*Deut. Zeitschr f. pract. Med. 40, 1875.*

HÆMORRHAGIA GRAVIDÆ INTERNA.

Prof. C. Hennig believes that such an internal hæmorrhage may be caused by a tendency of fluxion to the gravid uterus or from concussions. He reports two cases, one caused by vomiting and another from severe paroxysms of coughing. In very rare cases, most easily during the birth of the second twin-child, the perfectly loosened placenta, even with a normal insertion, may be thrown out before the child. More frequently such an internal hæmorrhage has been observed in placenta prævia. According to Scanzoni spasm of the uterus during the first period of labor may be the cause of the internal bleeding. According to Habit and Schroeder, a tight closure of the lower segment may prevent the blood from being discharged outwardly. *Symptoms:* Large accumulation of blood causes severe abdominal pains,increasing to great severity when accompanied by tetanus uteri and may continue, but usually the labor pains become weaker or cease entirely, then the uterus fails to react on all stimuli applied to its surface. The uterus, continually becoming more extended, causes dyspnœa. When the blood, after rupture of the placenta or of the membranes, in the cavum of the fœtus, a bloody-serous fluid passes off guttatim. Sometimes the blood accumulates *between the placenta and the internal wall of the uterus.* This especially happens where the edge of the placenta is too closely adhering in its entire circumference, the central parts become loosened and the firm circular adhesion prevents the contraction of that part of the uterus corresponding to the loosened part. Scanzoni witnessed in his case immediately after the artificial loosening of a small part of the edge of the placenta the sudden discharge of more than two pounds of blood, after which the swelling on the anterior wall of the uterus disappeared. Goodell brings already ten cases of central solution of the placenta. When the extravasated blood is *between placenta and fundus, the uterus enlarges in its long diameter*, whereas the other di-

ameters remain in statu quo, and pregnancy seems therefore much further advanced than is really the case. Dr. Baudelocque advises thus to guess at the quantity of the extravasated blood, as especially in the position on the back and according to the strength of the woman the manifestations of anæmia are not always very clear, and sometimes appear very late. In other cases the uterus takes on the form of an hour-glass, as if it were divided in two parts, which can be felt one over the other. We hardly ever witness an internal hæmorrhage before the third month of pregnancy. The pregnant woman observes in all months with the rapidly increasing extravasation a peculiar sensation of drawing and tension, colic, pains in the groins, sensation of heaviness towards the os uteri, and even without labor pains the uterus feels harder; only shortly before death it feels relaxed or passively tense. The prognosis for the mother depends whether the accident was early diagnosed and timely aid given. Of 110 mothers 56 died, of 111 children only seven were saved. With every extravasation of any size from the utero-placentar blood vessels the mother is in danger to bleed herself to death, the infant to suffocate. Where the woman is of a rheumatic diathesis and spasm of the uterus prevails, perfect rest is necessary and she may take small doses of ipecacuanha with opium. With nausea a subcutaneous injection of morphine and anal injections of hydrate of chloral. Where the uterus is inert, cold applications to the abdomen and etherization of the fundus and of the anterior wall are admissible. Where the internal os can be reached, the membranes are to be ruptured as soon as anæmia threatens and the upper part of the uterus stimulated, giving at the same time internally or subcutaneously the watery extract of secale. Celsus recommends, where the os uteri is still closed, to introduce one finger after another during an interval between pains, till the whole hand can penetrate to the membranes, rupture them, extract by version the child, and then the placenta and

all blood coagula. The tampon is strictly contra-indicated. Where the os will not yield, Hennig and Schroeder recommend to dilate it by a bloody operation. Where the neck of the uterus is still too high up for the introduction of instruments, labor must be induced by application of ice or by the electric current, till the os becomes accessible, perhaps with the aid of the colpeurynter. Where the pains are tetanic from the very beginning, chloroform-narcosis has done well.—*Arch. f. Gynæcol. xviii. 2.*

ON SPINAL IRRITATION AFTER WEAKENING AGENCIES.

BY PROF. LEYDEN.

A nervous debility frequently develops itself after severe typhus, variola, diphtheria, after intermittens and malarious cachexia, after hæmorrhages, after too protracted lactation, after long-continued and excessive mental labors, etc., increased by hyperæsthesia and muscular weakness in the small of the back, pain on pressure on some spinal processes. Drawing pains in the extremities, running along the intercostal spaces to the epigastrium with oppression will be soon added to it; then an unhappy state of mind, off and on sleeplessness, dullness of the head and the patients usually fear the beginning of tabes dorsalis. Leyden differentiates these manifestations from those of tabes dorsalis, and speaking of the frequent seminal losses, which are so often blamed for them, he remarks that there can be no doubt whatever, that the greater part of the symptoms emanating from seminal losses offers not the picture of organic spinal disease, but rather a nervous debility with spinal symptoms. Such patients look pale and cachetic, but after all appear well nourished and their muscles show no flabbiness. They complain of muscular weakness, especially in the lower extremities, a kind of paretic state, but which never leads to paralysis. They soon become tired, cannot stand

much exertion, but after all their muscular strength is good, their walk firm and precise; still they complain more or less of a sensation of insecurity and of staggering, of formications, running down the back to the posterior part of the thighs, and down the legs. In the feet they have a sensation of numbness; a kind of anæsthesia. More rarely we find migrating neuralgic pains; more frequently difficulties in urinating and defecating; apparently impotence. Then headache, vertigo, dulness of the head, surring of the ears, palpitations, etc., are added to it and especially hypochondriasis, constantly nurtured by the dread of tabes dorsalis and increased by self-reproaches. Thus the patients seek advice of their physician in the certainty already of a final death from tabes dorsalis: but the whole course shews that there is no organic spinal disease. Lallamand in his work on spermatorrhœa decidedly denies the severity of such cases, and never witnessed a fatal issue. When Hippocrates mentions that tabetic patients succumb to consumption, he only means that acute pulmonary phthisis, to which young people with a hereditary disposition are liable in consequence of sexual excesses. Genuine palsies, corresponding to a severe spinal disease, have never been observed, but only such symptoms, already mentioned, corresponding to nervous debility reducible to an irritatio medullæ spinalis from excessive sexual stimulation.

The prognosis of this spinal irritation is generally more favorable than in other forms, and we usually succeed in curing the special symptoms in a relatively short time. Grave symptoms may result from intensive forms of hypochondriasis, caused by fear of impotence and tabes dorsalis. We only advise cold bathing, swimming, or sitz baths. Patients must never sleep on their back. Hygienic mental treatment, cheering up the patients, is of the utmost importance. No harsh measures whatever, nor much internal medication is necessary.—*Leyden, Spinal Diseases, II. vol.*

THE PNEUMATIC TREATMENT OF PULMONARY AND CARDIAC DISEASES.

BY DR. J. SCHNITZLER.

Schnitzler prefers Waldenburg's transportable apparatus, paratus, consisting of two cylinders, resting one in another, of which the exterior is open above, the interior below. The former is filled with water, the latter pressed down or lifted up by weights, according as the air is compressed or rarefied. Thus the pressure of air remains constant.

He found only of therapeutical value the inspiration of compressed air and the expiration in rarefied air, but not *vice versa*. Thus the respiratory power is increased, the pulmonary capacity enlarged and the ventilation of the lungs increased. It is principally indicated in weakness of the respiratory organs, diminished quantity of air in the lungs, insufficient ventilation, *i. e.* in all pulmonary diseases with the exception of acute and febrile ones. With more precision we would say, it is indicated: 1. *In general debility of the respiratory organs*, where a real morbid condition is not yet present, as in persons with the so-called paralytical thorax or where the respiration is superficial from habit, or where it is short or superficial from a morbid state of the blood; also in pleuritis sicca, which is too often the first symptom of phthisis. Here methodical pneumatic treatment may be considered gymnastic exercise for the chest, as compressed air alleviates inspiration and introduces oxygen, and the expiration in rarefied air is rendered easier and more carbonic acid is discharged. 2. *In chronic bronchial catarrhs*, with the troublesome dyspnœa, cough, copious expectoration. Usually the catarrh diminishes, the cough is less and the increased quantity of oxygen inhaled makes the patient feel better. The expectoration in rarefied air acts as an expectorant. In *bronchitis* and *emphysema* medicinal substances may be inhaled, as oil of fir, spirits of turpentine, carbolic acid; or the air to be inspired may be warmed. 3. *In pulmonary*

catarrhs and beginning phthisis. Although a far advanced infiltration may not be removed, still the subjective symptoms improve. The thorax may become more dilated and the vital capacity of the lungs increased, so that even the sound of percussion in the apices appears more favorable. 4. *In emphysema pulmonum*, as long as there are no incurable changes in the pulmonary tissue. 5. *In asthma from disturbance of innervation* (vagus). 6. *In laryngeal diseases*, especially in paresis of the dilators of the rima glottidis, in stenosis of the larynx, where the disease has not too far advanced.

In diseases of the heart the inspiration of compressed air is indicated in affections of the left heart with impeded flowing off of the blood from the lungs, or left heart. The expiration in rarefied air in diseases of the right heart with diminished afflux of blood to the lungs. Here it produces only amelioration and the treatment has to be stopped when headache, vertigo, surring in the ears, fluttering before the eyes, etc., set in.—*Wiener Klinik, June, 1875.*

PROPYLAMIN (TRIMETHYLAMIN) IN ACUTE ARTICULAR RHEUMATISM.

Dr. Leo used it during the whole winter of 1874–75 in 52 cases with extremely favorable results, and thinks that the unfavorable reports may be laid to the irregularity of the preparation. According to Petit the quantity of alkali in the propylamin of the shops varies from 0.02 to 1.0 gr. He prescribes: propylamin 1.0, aq. menth. pip. 120.0, sach. alb. 10.0, every two hours a tablespoonful, and uses neither any other medicine nor any external application, except cotton wool, and insists on perfect rest. His results are: (1.) The course of the disease remains subacute. (2.) By its sedative action on the nervous system it subdues the energetic contraction of the contractiled tissues; thus also of the heart and arteries, retards the pulse and respiration and reduces quickly and permanently the temperature

of the body. (3.) All pains subside considerably as soon as perspiration sets in, which is at first profuse and then becomes lighter. There is no particular odor of the perspiration. (4.) The skin takes on a peculiar greyish color. (5.) Sleep is very little disturbed in consequence of the slight pains; even during the first nights the patients sleep for a few hours. In affections of the heart it proves its powerful sedative action. (6.) The tongue soon becomes clean, there is only moderate thirst, appetite returns and light, nourishing diet may be allowed. (7.) Urination is hardly ever increased, the urine is clear, transparent, slightly acid with little sediment. (8.) Bad effects were never observed, and the patients take it willingly. (9.) No external application is necessary.—*Berl. Klin. Wochenschr, 42, 1875.*

MASSAGE.

BY DR. MULLIER.

Massage is especially efficient in all sprains and in contusions with bloody extravasations. Three manipulations suffice: (1.) Stroking the extremities; (2.) kneading; (3.) tractions in connection with passive motions in the joint. The affected extremity is lubricated with glycerine, then taken hold of with both hands below the injury, and rubbed upward with more or less pressure in the direction of the sinews and veins. We always begin with slight frictions of the flat hand; when the pains decrease, more energetic treatment follows—the kneading process with the fingers. Thus the pain ceases, the swelling is reduced, and tractions with passive motions finally restore the motility and use of the extremity. Two daily sessions of one-fourth to one-half hour suffices, and the whole cure is mostly done in two or three days. The sensitiveness of the patient and the severity of the injury decide about the intensity and duration of every massage. Mullier considers it also as of diagnostic importance in some fractures, as massage rapidly diminishes the swelling which prevents a clear diagnosis.—*Centralbl, f. Chir. iv. 1875.*

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

SURGERY AS A SCIENCE.

BY J. G. GILCHRIST, M.D.*

As an *art*, surgery has a history extending back into the very morning of time ; as a *science*, it is much to be feared, its history has still to be written. There would seem to be a strange misconception as to the meaning of the word science in connection with surgery, quite prevalent in the minds of the profession ; many practitioners of the art, even among some eminent in the world, appear to consider science and art as interchangable terms, and, unintentionally, degrade the practice of surgery to a level with an ordinary handicraft. Such men are they who see in a tumor only something to cut out ; in a human body only a field for the display of their indifference to bloodshed and human suffering. Practitioners like this, and we all know they are only too many, can never add anything to the lustre of surgical achievement, nor aid in the evolution of surgery from an art into a perfect and consistent science.

As necessary to a full and complete knowledge of surgery, its practitioners must possess : 1st, a thorough knowledge of pathology and morbid anatomy. 2d, a knowledge of normal anatomy ; 3d, a sufficient knowledge of chemistry ; 4th, a good knowledge of therapeutics and materia medica ; and 5th, mechanical ingenuity, and manual dexterity. Without the others, this last qualification is of no scientific value. Unless it is simply one of the many, its possessors can never make scientists, and, as a consequence but indifferent artists.

It would seem as if it were not necessary to argue these propositi ons, they having been so universally accepted. A single thought, if carried to its legitimate conclusions, would

* Read before the Michigan State Homœopathic Medical Society.

seem to be amply sufficient. *The external manifestations of disease, which we denominate objective signs, whether they be tumors, ulcers, or what not, must be considered as symptoms of the diseased condition, and not as the veritable malady.* By keeping this fact in mind, the surgeon who is called upon to decide upon the proper treatment for a tumor, for instance, will first ask himself, what are the causes operating to produce this growth? Here comes in the *first* requirement. The cause being discovered, he will next be called upon to remove it, and here a knowledge of therapeutics or chemistry is called for. The cause being removed, what disposition shall be made of the products of the diseased action? Should an operation be decided upon, an accurate knowledge of the surgical anatomy, and familiarity with the process of repair is indispensable. Hence we can readily see that the accomplished surgeon must possess all the qualifications of a good pathologist, anatomist, physiologist, therapeutist, and hygienist, as well as the additional ones of manual dexterity, intrepidity, and mechanical ingenuity. Surgery, therefore, is only scientifically practised when all these collateral sciences are laid under contribution.

GALVANO-SURGERY.

In this connection, and it is one of the points aimed at in this paper, let us consider the question of electrolysis, or galvano-surgery. Having devoted, heretofore, much time to the development of therapeutics in connection with surgical diseases, there has been no opportunity lost to apply other resources, whenever indicated; and after some experience with galvanism it seems as if the time had come to bring the attention of the surgical profession to this powerful agent, more persistently than has yet been done.

Until within a very recent period in the history of medicine, electricity has been more the plaything of philosophers and a favorite weapon of charlatans, than a recognized portion of the *armamentum medicum.* We have accounts of its use,

however, in recognized medical practice, for over two thousand years, and Pliny, who also employed it himself, refers to its use by the Emperor Tiberias, Dioscorides, Diodorus Siculus, and in fact most of the writers and practitioners of ancient times, recognized its potency in purly functional nervous diseases. This was the condition of electro-medicine and surgery, until 1820, when Mast and Sarlandiere commenced to use it for electrolysis, or electric-decomposition of serous and sanguinous effusions. Magendie, Liston, Radford, and a multitude of eminent men subsequently employed it, and studied its action, until step by step it has been rescued from the hands of empiricism, and stands to-day as one of the best approved medical adjuvants. Its use in restoring tissue that has undergone structural lesion is even wider than was formerly the case in functional disorders alone, and no surgeon can claim an extended surgical education and experience who slights or neglects its employment. Just how galvanism acts, no man, as far as my knowledge goes, can positively tell; theories are not wanting, but up to the present time I have been unable to find any satisfactory explanation of the rationale of the action of the electric current; and am strongly inclined to believe that the old Professor's statement is true, that: "Electricity and galvanism are one and the same thing," with this difference, however, that one is a force in a free state, in a state of nature, and the other the result of chemical combinations: i.e. galvanism in chemical or artificial electricity. One thing, however, experience has taught me; that electro-magnetism is not as potent an agent as electro-galvanism, so-called. We know quite well what the results of electrolysis are, and must, for the present, be content with that, leaving a fuller elucidation of its mode of action to the future.

In the few cases in which I have had the privilege of employing the battery, the apparatus has been a small single-cell Wells' instrument, and the success has been so much above my most sanguine expectations, that I can readily credit the won-

derful stories we hear of the achievements of the larger and more perfect apparatus.

In cystic growths, the success attained is in proportion to the quantity of albumen in the fluid contents. Whether the albumen is coagulated, by the heat evolved, or altered so as to be more readily absorbed by electrolysis, we have no means at present to determine.

In opening strictures, or similar organic abnormalities, success depends upon the pole used more than the character of the current. *The positive pole irritates and contracts muscular fibre, whilst the negative dilates.* I have never seen that the quality of the current, *i. e.* primary or secondary, made any appreciable difference, excepting that the primary, from its comparative painlessness, can be used in greater intensity than the secondary.

The first case to which I shall call your attention is one of *organic urethral stricture.* A knowledge of pathology and morbid anatomy in this case teaches us that we may have the calibre of the urethra diminished by one or more processes. We may have a long continued sub-acute or chronic urethritis result in thickening of the walls from the attendant plastic exudation; or a formation of bridles, of organizable bands of plasma, existing independently, or in connection with the thickening. The methods in common use, in the order employed as to frequency, would be *gradual dilation, rapid dilation, urethrotomy,* or *medication.*

Forcible dilation, among other disadvantages, presents the grave one of inefficiency, even to a greater extent than the gradual method. The relief afforded is occasionally only transitory, the resulting inflammation producing increased thickening. *Urethrotomy,* while it has succeeded many times, is not infrequently followed by fistulæ, and a subsequent operation will be required. In short, if no other reason could be found for discontinuing either of these operations, the fact that

most men have a singular affection for the virile organ, and dread to submit it to usage that might destroy its symmetry or modify its usefulness, should not fail to be considered. While the results of medical treatment have been often successful, occasionally even brilliantly so, yet relief follows so slowly that other methods may well be sought. We have at our command an agent that, to my knowledge, has never yet failed, and which equals or excels, in rapidity of cure, anything heretofore attempted. To Dr. ED. A. MURPHY, of New Orleans, I am indebted for information that led me to employ galvanism in the following case :

J. K. M., aged 24, March 1st, 1875. This young man has an impermeable stricture of the urethea, situated about two inches from the meatus, existing for some weeks, and recently growing tighter. On Sunday, the day before calling upon me, had spent an hour or more under the hands of an eclectic practitioner, who had vainly attempted to introduce a catheter. On Monday, failing to find his former attendant at home, and suffering extremely from retention of urine, he came to my office. A No. 1 catheter could not be made to pass the point of constriction. A number 10 gum-elastic catheter was taken, the point cut off and a number 6 silver instrument passed through, so that the instrument was entirely insulated except the tip. To this the negative conductor of the battery was attached, and the positive electrode, containing a moistened sponge, was held in the right hand of the patient. *In ten minutes the catheter slipped into the bladder, and to-day, a year afterwards, the urethra is patent, and no trace of a stricture can be discovered.*

Another case of a different character will be of interest. In August of last year, a lady in this city suffered an abortion, whether criminal or not I am unable so learn. In February of this year she called on me, and I found complete atresia of the vagina, from the vulvo-vaginal outlet to a point near, if not

quite up to the os-uteri. The adhesion was so firm that nothing but a prolonged dissection seemed likely to overcome the difficulty. An attempt was made to carry this out, but it was attended by so many difficulties, owing to the density of adhesions, that further operations in that direction were suspended. The following day an insulated vaginal electrode was attached to the negative pole of the battery, and a wet sponge to the positive. The former being inserted into the vagina, the latter applied to the back over the sacrum. After an hour there was no perceptible change, excepting a somewhat profuse discharge of brownish fluid. Recognizing this as a favorable sign, further proceedings were suspended for a day or two, until this should cease. Three days afterwards, or on the 5th of February, the battery was used again. *In a few moments the electrode slipped up for an inch; then after a long interval, perhaps half an hour, as much more was gained, and in two hours the integrity of the canal was fully restored, with only a slight diminution in calibre.*

Several cases of small cystic formations have been speedily cured by electrolysis, but as other gentlemen have cured ovarian cysts by the same process, these are not of sufficient importance to report.

Hydrocele has been cured three times: one failure. The latter, I think, was owing to a mistake in using the apparatus. In the three successful cases needles were inserted into the sac, and the conductors connected with them, in the proportion of two needles to the negative pole to one to the positive. In the unsuccessful case the fluid was partially evacuated, and the negative pole attached to the canula; the positive applied to the back.

So much time, more than was at first intended, has been devoted to this one topic, that the paper will be submitted without touching upon other points that were in contemplation, hoping that some good may result from this appeal, imperfect and weak though it be.

Detroit, Mich., May 10th, 1876.

SULPHURIC PASTE FOR REMOVING SMALL GROWTHS.

For those cases of small tumors where the patient will not submit to the knife, this seems to be an easy matter of removing them.

This paste is described in the *American Practitioner* for August, 1871, under the title of "Michel's process for removing external tumors," and is made and applied in the following way: Asbestos, as soft and free from grit as possible, is reduced by rubbing between the hands to the finest possible fleecy powder. It is then mixed with three times its own weight of strong sulphuric acid ($S O_3 H O$). A mass is thus formed which may be easily worked with a silver or gold spatula into any size or shape, corresponding to the tumor to be destroyed. In the application of the caustic the adjoining healthy parts of the skin are carefully protected by applying a zone of collodion and pads of linen, and the patient is so placed that the surface of the tumor is perfectly level. The saturated acid asbestos is thus laid on the surface to the necessary thickness.

Rapid destruction of the tissues follows with, after the first half hour or so, but little pain. An oozing of clear watery fluid appears, which must be carefully sopped up. After twelve or fourteen hours action the first application is to be removed, and if necessary, a new portion of smaller size adapted to the sore. After this has been applied for twelve hours the operation is complete, and the healing of the deep excavation alone requires to be attended to."

ELECTRICITY IN ENURESIS.

At a meeting of the Medical Society of Lower Austria, Dr. R. Ultzmann made remarks upon the treatment of enuresis in children (*Allgemeine Wiener Medicinische Zeitung* quoted in *Boston Medical and Surgical Journal.*) Inability to hold the urine is not a rare occurrence in children. Boys are observed more frequently than girls with this affection, for the reason that the latter are more apt to conceal the fact. At first, owing to the weakness of the sphincter muscles, the discharge of fæces and of urine occurs without the experience of any sensation on the part of the infant. It is only after the tenth or twelfth month that any sensation accompanies the act; and we cannot properly speak of enuresis of a child under two years of age.

Urinary calculus is a frequent affection of childhood, and, as is well known, has its origin in the uric acid infarctus of new-born children, the small renal calculus descending into the bladder and there becoming the nucleus of a vesical calculus. This lithiasis, as well as cystitis, purulent pyelitis, polypoid growths, etc., can coexist with incontinence of urine; so that in these cases the urine should always be examined, in order, before making a diagnosis of enuresis, to exclude these other affections.

The disease in question can be divided into enuresis diurna and enuresis nocturna; and if it manifest itself day and night, Ultzmann calls it enuresis continua. It can make its appearance regularly or periodically. It is not confined, as asserted by some, to the scrofulous, rachitic, or to those

affected by worms, etc., but is often found in children of healthy robust constitutions. Sleeping too soundly has been assigned as a cause; but only healthy children sleep long and continuously. Trousseau speaks of a too violent contraction of the neck of the bladder, others of a hyperæsthesia of the mucous membrane of the bladder.

According to Dr. Ultzmann's views, the cause is to be found in an absence of the proper relation between the detrusor and the sphincter muscles; the latter is weakened and consequently the action of the former preponderates. At night, when volition ceases to exercise any control, this affection, when their exists a predisposition to it, manifests itself.

The treatment recommended is based upon this theory, and consists in measures to strengthen the sphincter muscle. The remedy employed, which is not alleged to be new, is the induced current, the method of its employment being a modified one. It was formerly the custom to apply one pole through the urethra to the prostatic portion, which is a very difficult proceeding with infants, owing to the narrowness of the urethra. This operation, however, is not always free from danger, and is, moreover, liable to cause urethritis or cystitis. The urine often becomes decomposed, and the patient is consequently made worse.

During the last two years Dr. Ultzmann has been in the habit of applying the induced current indirectly to the neck of the bladder by placing in the rectum or vagina a thin rod of brass, the end of which is connected with one pole, while the other is applied to the pubes or thigh. Each application lasts from five to ten minutes, and is made daily. The duration of treatment extends from four to six weeks.

Of nine cases thus treated (five girls and four boys) there was a decided improvement in all. The enuresis continua became in a short time a nocturnal one, and the enuresis diurna a periodical one. Four cases were completely cured. In four cases there was a relapse, but on resuming treatment recovery always followed. Of the nine reported cases three were brothers, respectively five, six and eight years old. These three were much improved by the treatment.

The same treatment has proved very beneficial also in adults, especially in women when the incontinence has followed severe confinements, two such cases having come under treatment.

The good result of this treatment is explained anatomically by the fact that the nerves of the rectum are the hæmorrhoideus medius et inferior, which come from the plexus pudendalis and sacro-coccygeus. These nerves supply also the bladder, and consequently the muscular contractility of the latter is thus excited.

Dr. Fleischmann remarked that he had experienced equally extraordinary results with this treatment in the case of a half-idiot boy who had a continual incontinence of both urine and fæces day and night. He recommended, however, that in the case of girls the metal rod be always introduced into the rectum, and not into the vagina, as there was no urgent necessity of placing it in the latter.

Pædonosology.

THOMAS NICHOL, M. D., L L. B., MONTREAL, CANADA, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

NO. XVI. —ATELECTASIS.*

In congenital atelectasis it is rare that an entire lung, or even a whole lobe, is found to be the seat of the morbid process ; and while it usually affects scattered lobules, it may involve considerable portions of the pulmonary parenchyma, and sometimes, but rarely, even a whole lobe. The disease mostly affects the posterior and inferior parts of the lungs. According to Dr. J. F. Meigs, "the posterior portion and lower edge of the inferior lobes, the middle lobe of the right lungs and the languette and lower edge of the upper lobes." As a general rule, the pleura covering the affected parts is perfectly healthy. A distinguishing feature of the pathological anatomy of the disease is that the atelectatic portions are invariably depressed below the level of the adjacent healthy lung tissue, and this is strictly pathognomonic. "A lobe either entirely, or for the most part, in this condition, is never found enlarged, but on the contrary, of much smaller dimensions than the others, and almost as collapsed as in the fœtus; in general deeply imbedded within the thorax, and drawn towards the entrance of the bronchi and blood vessels." (Hasse.) Superficially the color is purple or reddish-blue, but the interior is found to be brownish-red, presenting a strong contrast to the pale red of the surrounding lung-tissue which has not become atelectatic. The lung tissue is dense and solid to the touch and it does not crepitate on pressure, unless when a few air-cells chance to have become expanded. At the same time it is quite tough and not easily torn, and it feels quite soft and flaccid, though it is not easily penetrated by the finger. When thrown into water the atelectatic portions sink, and no air-bubbles are found in the fluid squeezed out by pressure. In fact they precisely resemble the fœtal lung. But little blood can be pressed out, and even with great care but a small quantity of slightly bloody serous fluid can be obtained. In recent cases the affected portion of

*(*Continued from page* 360.)

the lung may be inflated and then it regains its normal color and physical characteristics; but in advanced cases the lung tissue becomes denser, harder and drier, and can no longer be inflated. In fact, the unexpanded air-cells are coherent, and Hertz is of opinion that this is the result of a kind of tissue metamorphosis. Generally the foramen ovale is open and the ductus arteriosus very imperfectly closed, though it must be admitted that these states often occur independent of atelectasis and therefore cannot be considered characteristic of it. All observers agree that the brain is almost invariably congested.

Hasse finely shows the essential difference between the post-mortem appearances of pneumonia and atelectasis: "In atelectasis the coloring of diseased portions of lung always approaches more to a violet, their exterior appearing smooth and glistening, so as to contrast with the dull brown-red surface of inflammation. In inflammation, again, the diseased portions are preternaturally distended, whilst in atelectasis they are collapsed, and inferior even to the healthy texture in volume; but susceptible, provided the disease has not lasted too long, of artificial inflation, and capable through its means of acquiring a perfectly natural appearance. In inflammation the pulmonary texture is softened, in atelectasis it is hard, and the cut surface is not granular but smooth. Where no complication exists, the anatomical characters of a first or third stage of pneumonia are not discoverable either in or near the diseased patch. In short, we have nothing like pneumonia except the solid, non-crepitant mass, which has been confounded with the second stage of that disease, namely, with red hepatization. Where single pulmonary cells have been found dilated in the midst of an undeveloped lobe, the absence of softening and of the peculiar, congested, humid character of its texture, offers a wide difference between it and the first stage of pneumonia. A portion of lung retaining its fœtal condition allows a little thin dark, apparently natural blood to escape upon pressure; in the first degree of pneumonia a tolerable quantity of a turbid, bloody fluid, mingled with fibrin, and with a few minute air-vesicles; in red hepatization, a tenacious dirty brown reddish; in gray hepatization, a large proportion of grayish-yellow purulent fluid may be expressed.

Atelectasis usually affects both lungs—pneumonia is, for the most part, confined to one. Finally, the secondary phenomena attendant upon pneumonia, as inflammation of the pleura and of the bronchial mucous membrane, softening of the bronchial glands, fibrinous concrements within the heart's cavities, etc., are wanting in atelectasis."

In the acquired form of atelectasis the anatomical conditions are very similar to those of the congenital morbid state. It is most frequently the result of the plugging up of one or more bronchial tubes by small pieces of tenacious mucus which are forced backwards during inspiration. During expiration, the piece of mucus moves a little outwards again, so as to permit a part of the air to escape, but as the plug returns on inspiration, fresh air is prevented from entering. Soon the air is exhausted from that portion of the pulmonary parenchyma thus closed up and atelectasis follows as a matter of course. This state of things is a frequent accompaniment of bronchitis with profuse secretion of mucus, and, as Dr. W. T. Gardner remarks, children are more subject to it than adults, from "the want of resistance in the bones of the infantile chest preventing the muscles from acting on individual portions of the cavity with the force which is required, in some cases, to overcome the bronchial obstruction, and the frequent co-existing debility and dyscrasia which are among the strongest predisponents to the occurrence of the lesion."

As might be expected the atelectatic points correspond closely with the distribution of the bronchial tubes to the blocking up of which they owe their origin, and, as a general rule they lie deeper than the morbid portions in congenital atelectasis. The color of the affected portions is of a dark steel-blue hue, or it may be reddish-purple, and the affected parts are quite hard to the touch, and they present the usual appearances of the unexpanded fœtal lung. "But it is in the amount of contained blood that a profound difference, and one which makes itself felt in the further evolution of the morbid state, is speedily established; for in the acquired form of atelectasis the hyperæmia, which was at first only simulated by the approximation of the capillaries to one another, speedily becomes real." (Rendfleisch). The current of blood has been retarded, the blood has gathered in the capillary vessels and the atelectatic portions of the lungs have become congested. As a result of this, the cut surface is

moister than in the congenital variety, more blood and serum are present, and the pathognomonic appearances are mingled with the pathological changes of the primary disease. Thus the bronchial tubes are usually congested, their mucous membrane is swollen and the occluding plugs of mucus are often found. The pleura is normal, or nearly so.

In atelectasis from compression, as a general rule, the position and extent of the morbid portions depend upon the existing cause. As might be expected, the base of the lungs and the external portions are the principal seats of the morbid process, very rarely the interior of the lungs. Thus an abdominal tumour by pressure upon the diaphragm may cause a mechanical atelectasis of the base of the lungs; an extensive effusion into the pericardium may compress the neighboring pulmonary tissue with the same result; and an extensive effusion into the pleura may have the same effect on the lower portions of the lungs. The pressure may be so great as almost to obliterate the proper texture of the pulmonary tissue, rendering it tough and leather-like, when the lung tissue loses the very capacity of being inflated, and then the patient is said, even by well-educated practitioners, to have lost a lung. In less pronounced cases, the affected portion of the lung is merely diminished in size, but may still retain a portion of its respiratory power; or the air may be driven out, while the vessels are engorged with blood.

In regard to diagnosis there is a good deal of truth in the remark of Dr. J. F. Meigs: "There can be no difficulty in detecting the nature of the case when the imperfect expansion exists from birth and when the physician is present at that event." But there are very many—perhaps a majority of cases—in which the practitioner is not so favorably situated, and the writer will endeavor to give data by which atelectasis may be distinguished from other diseases which resemble it more or less. Atelectasis is liable to be confounded with bronchitis which is usually attended with marked dyspnœa, but in bronchitis there is not condensation of the pulmonary parenchyma which is the essential phenomena of atelectasis. Pneumonia—especially the catarrhal variety—is often mistaken for atelectasis. Dullness on percussion is present in both morbid states, but pneumonia is

accompanied by bronchial breathing and constant rales, while in atelectasis there is either an absence of respiration or faint transmitted vesicular breathing is present. Again, bronchial respiration may exist in both morbid states, but in atelectasis "it is muffled and distant, instead of being clear, metallic, and close under the ear, as in pneumonia." (Dr. J. F. Meigs.) In pneumonia fever is almost invariably present, but in atelectasis coolness and paleness of the surface are very marked. Pneumonia is usually accompanied by acute pain, which may be detected even in young infants, but in atelectasis there is an absence of pain. In pneumonia nothing abnormal can be noted on examining the lower part of the thorax externally, but in atelectasis the retraction of the lower part of the sternum, ribs and intercostal spaces is very conspicuous. At times atelectasis may be confounded with liquid effusions resulting from pleurisy, but in atelectasis the dullness is found in various parts of the lungs, while in the other case it is always bounded by horizontal lines. The altered movements of the lower part of the thorax sometimes occur in croup, but the accompanying symptoms are so clearly marked that no one can confound one disease with the other. N.

On the Detection of Mercury in Human Milk during Inunction with Murcurial Ointment.—Dr. Edward Klink, relates (*Vierteljahrschrift fur Dermatologie und Syphilis* 1876, 2 Heft,) the case of a syphilitic woman who was nursing her child, undergoing an inunction cure, during which mercurial ointment was rubbed into the skin twenty-five times. After the thirteenth inunction, milk was taken daily for chemical examination, about eleven ounces altogether being received. The proof that the milk contained mercury was unequivocal. Observers who had come previously to a negative conclusion had employed insufficient methods in the analysis.

In the case of this woman, syphilitic symptoms present in the child disappeared during the inunction treatment.—*London Med. Record.*

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

DIV. I.—OPHTHALMIC INFLAMMATION.

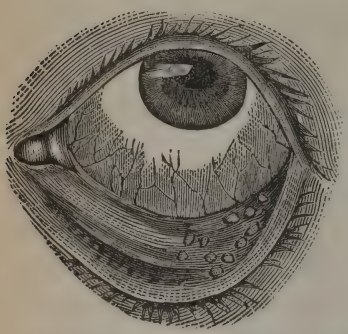
ART. I.—CONJUNCTIVITIS.

Of the various forms of ophthalmic inflammation, we shall first describe *Conjunctivitis*, as that is not only the most frequent, but also the most important affection of the eye which the busy practitioner is called upon to treat. It is referred to under different names—*Ophthalmia*, *Ophthalmitis*, *Conjunctivitis*, etc., the first of which is the most common, the last the most correct. As the name implies, it is simply an inflammation of the conjunctival mucous membrane. This membrane is not only the most exposed to atmospheric influences, but also to direct external injuries, to irritations arising from the pressure of dust, cinders, and other extraneous substances in the eye, to inverted or misdirected cilia, and to tumors, changes in the lids, etc.; all of which excite more or less inflammation of the conjunctiva. It may also arise indirectly from scrofulous, syphilitic, or other unhealthy states of the constitution, or as a consequence of other inflammations, either simple or specific, in other organs or in other parts of the same organ. The simple form, *conjunctivitis simplex*, does not differ in any essential particular from the *catarrhal*, so that it is unnecessary to describe it separately. The treatment, also, is similar, the special indications depending chiefly upon the intensity of the inflammation; these, in severe cases of simple conjunctivitis, being identical with those of the milder varieties of catarrhal ophthalmia.

I.—CATARRHAL CONJUNCTIVITIS.

CATARRHAL OPHTHALMIA; MUCOUS OPHTHALMIA.

FIG 3.



CATARRHAL CONJUNCTIVITIS.

This is a simple inflammation of the conjunctiva, resulting from exposure to cold and damp. When the inflammatory process extends to the sclera, catarrhal conjunctivitis becomes either *catarrho-rheumatic* or *catarrho-arthritic conjunctivitis;* and when it involves the lids, the affection is called *blepharo-conjunctivitis*, or simply *blepharitis.*

SYMPTOMS.—Dryness, itching, smarting and stiffness, with more or less redness, lachrymation, sensitiveness to light, and a feeling as though sand or some other foreign object had gotten into the eye. Sometimes this is really the case, even in catarrhal conjunctivitis, but it is much more apt to occur in the simple form of the affection, since it is in that manner that *simple* conjunctivitis is generally excited. The symptom in question is generally due to the roughness of the conjunctival surface, caused by the enlarged and tortuous vessels which characterize the inflammation. Vision is often impaired, especially towards evening, on account of the abundance of mucus secreted at that time and deposited upon the cornea. The palpebral conconjunctiva is of a bright vermilion hue, frequently flecked with slightly ecchymosed patches of a deeper color, and is sometimes so much increased in extent by relaxation, especially the great fold of the membrane, as occasionally to be twice its usual volume. In some cases, slightly diaphanous granulations, of a lighter color than the general surface, may be perceived upon the general surface, particularly of the upper lid.* Sometimes

*This is agreeable to most authorities, and is undoubtedly true of the chronic variety, in which alone granulations form a prominent feature; but in the more simple subacute forms, I have generally found them to be most conspicuous upon the lower lid, or rather in the conjunctival folds between the lid and the globe, and such also appears to have been the experience of EBLE.

also little vesicles, or pustules, consisting of slight elevations of the mucous membrane, and containing a serous fluid,* are situated about the margin of the cornea. The eyelids generally participate more or less in the inflammation, whenever the conjunctivitis is of an active character.

DIAGNOSIS.—The vessels of the occular conjunctiva have a more or less regular distribution (*See Fig. 3.*); their trunks are turned towards the circumference of the globe, from which they run forwards in a slightly tortuous, but nearly parallel course, subdividing and inosculating as they approach the cornea, and terminating in very fine points at the distance of about two lines from the outer edge of the cornea, leaving a space around it in the form of a band which is free from redness. The distended vessels are quite superficial, and may easily be displaced by moving the lids. This form of inflammation seldom causes much swelling of the mucous membrane, and is not to be compared with the chemosis associated with the more acute inflammations of the conjunctiva. In addition to these diagnostic signs, other mucous surfaces suffer when the conjunctivitis is severe, producing more or less coryza, headache, and catarrhal fever. The symptoms, both local and general, remit in the morning, and undergo exacerbation at night.

PROGNOSIS.—Catarrhal conjunctivitis if properly treated undergoes resolution, and is therefore, generally speaking, free from danger; but if violent, and especially if wholly neglected, or improperly treated, it may extend to the cornea and sclera, producing opacity and ulceration of the former, granulation and ulceration of the conjunctiva, and other serious consequences.

ETIOLOGY.—Cold and damp are the chief exciting causes of catarrhal ophthalmia as they are of catarrhal affections in general. Great and rapid atmospheric changes, especially from heat to cold, often produce an attack; so also do cold

*And therefore *not true pustules*, though frequently so called.

winds, especially when combined with rain or snow. Changes of clothing, especially such as favor a chill of the surface, are capable of producing it, particularly if the head itself is exposed. Getting wet, either partially or generally, exposure to drafts of air, and whatever causes a chill of the body, may all give rise to it; it is also sometimes caused, apparently, by certain atmospheric influences, the nature of which has never been satisfactorily explained.

TREATMENT.—The proper treatment for catarrhal conjunctivitis is that which is best adapted to catarrhal inflammations in general, and particularly to coryza, with which it is frequently associated. Hence the principal remedies are:

Aconite,* especially at the beginning of the attack. This remedy alone will frequently allay the inflammation, provided no untoward complications exist.

Apis mel.—This remedy is often associated with Aconite, especially in the first stage, and, not unfrequently, with great apparent benefit.

*Belladonna.**—This medicine is best adapted to the more violent forms of catarrhal conjunctivitis, particularly when there exists considerable sensitiveness to light.

Euphorbium.—This is often a very efficient remedy in violent forms of the disorder; also in chronic catarrhal conditions, with dryness and itching of the lids and canthi.

Euphrasia is an excellent medicine, similar in its action to Belladonna, and especially adapted to cases complicated with coryza, or with copious mucous discharges from the nasal passages. It also generally has an excellent effect when applied locally in suitable cases.

Hepar Sulph.—This remedy is best adapted to the subacute forms of catarrhal inflammations; also in the acute after Aconite and Belladonna, particularly the latter.

Mercurius.—This is one of our most efficient remedies in

*See *Am. Hom. Obs.*, vol. iv., p. 440, (*sub-acute;* A, 1-10.)

obstinate cases, especially when associated with a general catarrhal condition of the system.

Rhus Tox. has also been found useful in bad cases of catarrhal ophthalmia, attended with more or less œdematous swelling of the conjunctiva.

The chief remedies for the more chronic forms of catarrhal conjunctivitis are :

Arsenicum, especially when there is ulceration of the cornea and the margin of the lids ; also when there is œdema, lachrymation, and nightly agglutination.

Calcarea.—This remedy is particularly useful in cases similar to the above, and of long standing, especially if aggravated by reading or sewing.

Hydrastis Canaden.—This medicine may be used to advantage, both locally and generally, in chronic catarrhal conjunctivitis, especially when attended with ulceration ; it is also, like Hepar Sulph., frequently useful in the acute and sub-acute forms.

Iodium.—This remedy is suitable to obstinate cases occurring in lymphatic constitutions, and in which there is more or less redness and swelling of the eyelids, with nightly agglutination.

Phosphorus.—In cases similar to the above, associated with coryza, or with a more general catarrhal condition of the system.

Staphysagria.—This medicine is well adapted to cases which have become complicated with inflammation of the lids, especially when the meibomian glands are implicated.

Sulphur.—This remedy is suitable to almost every form of chronic catarrhal inflammation, especially when attended with ulcerations of the margins of the lids, with swelling of the conjunctiva or with opacity or ulceration of the cornea.

Thuja.—This remedy is found useful in the most violent forms of chronic catarrhal conjunctivitis, attended with thickening and granulation of the lids. See *Chronic Purulent Conjunctivitis*, § 2 (2).

Although the above list of remedies is amply sufficient for the successful treatment of every variety of catarrhal conjunctivitis, additional remedies, together with their symptomatic indications, will be given after the other forms of ophthalmia have been described. See *Tables XIV. and XV.;* also *Therapeutic Indications* at the end of the *Section on Ophthalmic Diseases.*

LOCAL TREATMENT.—Topical treatment, under homœopathic medication, is seldom required in either the acute or sub-acute forms of catarrhal conjunctivitis. If, however, owing to constitutional weakness, or other causes, the inflammation, in spite of the indicated constitutional remedies, runs very high, and especially if there be much chemosis, or swelling, *cold compresses* will generally give great relief, and aid materially in bringing about speedy resolution. Irritating collyria, however, are never admissible during this stage. It is not until the inflammation has been somewhat subdued, or else is disposed to linger, or become purulent, that collyria are beneficial; and then they should be of the most simple character, such as a solution of one grain of nitrate of silver, one or two of the sulphate of copper or zinc, two or three of alum, the same quantity of the acetate of zinc, or five or six grains of borax, to the ounce of distilled water. These should be interchanged from time to time, using such only as are found to be most beneficial and agreeable to the patient, and either discontinued altogether or conjoined with the use of the cold compress, whenever active inflammatory symptoms supervene. If the collyrium, however weak it may be (and it should never be very strong in the early stages of the disease), causes much pain, it should either be abandoned, or greatly reduced in strength, as experience shows that such washes generally do more harm than good under such circumstances. By carefully adapting them, however, to the requirements of each particular case, they may be made to contribute to both the comfort and benefit of the patient. If the inflammation prove obstinate, and especially if the discharge assume a purulent character, the case should be treated as directed in the following section.

American Observer.

EDWIN ALBERT LODGE, M. D, DETROIT, MICHIGAN, GENERAL EDITOR.

WORLD'S HOMŒOPATHIC CONGRESS.

On Monday, June 26th, under the auspices of the AMERICAN INSTITUTE OF HOMŒOPATHY, the above body assembled in Philadelphia, and remained in session five days. The meetings were largely attended, the committee on Registration reporting 455. Our own State was represented by Drs. F. Woodruff, C. Hastings, and C. C. Miller, from Detroit, and Dr. Calvert, from Jackson. Our department in the University was represented by Prof. Jno. C. Morgan,. Among the distinguished foreign gentlemen present, were Dr. Clotar Muller, of Germany; Drs. Sharp and Hughes, from England, and Drs. Naylor, from India. The last gentleman was very generally observed, he being a native Hindoo, and a warm personal friend of the well-known Dr. Sircar, of Calcutta. He was a member of the old school, and a medical officer in the Indian service, but was a friend to Homœopathy and earnestly investigating it.

While comparatively few of our foreign *confreres* were in attendance, they were well represented in many able papers, which will make the two volumes of transactions promised of rare value to all lovers of our art.

After a business session of the Institute, Dr. Carroll Dunham, President, in the Chair, the CONVENTION was called to order, and the President delivered his address. It was, like everything coming from the pen of Dr. Dunham, a masterly production, and enlisted the close attention of the large audience. We will endeavor to print this entire, in the next issue, and will forbear giving even a synopsis at this time. The meetings of the *Institute* were held one hour preceding the session of the CONVENTION on each day, and as the business was of a merely routine character, we will summarize it here.

The treasurer reports receipts of the year at $7,805 ; disbursements $4,847,22 ; balance on hand $2,957.78.

On motion, Drs. C. Hering, Philadelphia ; J. F. Gray, N. Y. ; Richard Hughes, of England, and Clotar Muller, of Germany, were made Honorary Vice Presidents, and invited to seats on the platform. Our readers will remember that the venerable Dr. Muller, is the oldest Homœopathic practitioner living, he being the first disciple of Hahnemann.

The officers elected on the sixth day, were :

President—E. C. Franklin, of St. Louis, Mo.

Vice President—T. P. Wilson, of Cincinnati, Ohio.

General Secretary—R. J. McClatchey, of Philadelphia, Penn.

Provisional Secretary—J. C. Guernsey, of Philadelphia, Pa.

Treasurer—E. M. Kellogg, of New York.

Board of Censors—Drs. F. R. McManus, N. R. Morse, J. C. Burgher, R. B. Rush, and G. A. Hall.

The next place of meeting was then a *warm* (?) subject of debate. Detroit was strongly urged, and had the members known of the beautiful resorts near by, on our noble river, we would have been honored in their attendance here in 1877. As it was, Chatauqua Lake, N. Y., was selected, and we can speak from personal experience, that no more attractive site could have been found. After this the *Institute* adjourned *sine die.*

THE CONGRESS.

In addition to the gentlemen from foreign lands noticed above, Dr. Haupt, of Dresden; Clifton, of Northampton, England, Hayward, of London, and Skinner, of Liverpool, were in attendance, as delegates. The last named is the recent convert to Homœopathy, already famous from his treatise on Gynæcology and Homœopathy. As each paper was read, the appointed debaters discussed it, after which the debate was open to all. The first paper was from the venerable Dr. Hering, read by Dr. Korndoerfer, upon the "*History of Materia Medica.*"

It divided the historical periods into seven, considering the present, or seventh, a new era inaugurated by Grauvogl. It was a strong plea for the Hahnemannian arrangement of the *Materia Medica.* Dr. J. P. Dake, and Richard Hughes, discussed the paper, the former exhaustively as far as the time limits would permit.

Dr. Sharp, then read a paper upon the "*Foundation and Boundaries of Modern Therapeutics,*" in which he gave his views on organopathy in a new dress, and spoke of remedies as primarily stimuli. He laid great stress upon the importance of pathology in selecting a remedy. His paper was sharply criticised by Drs. Lippe and Hughes at some length, also by Drs. Wesselhoeft and Owens.

Dr. T. F. Allen, not having completed his paper, gave, extemporaneously what was considered by all, to be the best speech of the session. The subject was : "*Physiological Materia Medica of the Old School,*" giving the results of experiments with drugs upon men and animals since 1760, commencing with Magendie. He considered the result of these experiments as of exceeding value to the student of Homœopathy.

Dr. Richard Hughes' paper upon "*Hydrocyanic acid, its value in Epilepsy,*" was next in order, and discussed by Dr. Cate.

Dr. Pitet, of France, then presented a paper, through the President, upon the "*Therapeutic action of Curare,*" which was discussed by Prof. Farrington, who stated that Chlorine is a perfect antidote to the poison. The most permanent effects are in the motor and vaso-motor systems, causing paretic symptoms or conditions.

The remaining papers of the Bureau of Materia Medica, were as follows : Dr. Imbert Gourbeyre, of France, on "*Arnica,*" discussed by Drs. Baxter and Knerr. Dr. Hering, asserting that the tincture from the flowers was valueless, as a certain fly that infests the flower is responsible for many symptoms at-

tributed to Arnica. A synopsis of the paper of Dr. Navarro, of Cuba, was given by the President, calling attention to the value of Secale in tetanus, and the fact that the highpotencies acted just as well in the tropics as further north.

Dr. Gerstel, of Vienna, on *Mezereum*, was read, and particularized its curative action in crusta lactea, with itching, scratching to bleeding, and serous rather than lymphatic exudation.

A paper on *Apis*, by Dr. Goullon, comparing the pathogenesis with other remedies, prominently *Bell.* and *Ars.*

Prof. Jones, of our University, had an able paper on *Picric Acid*, showing its tendency to destroy the red blood corpuscles with a corresponding increase in the number of white.

The papers were then before the house for general discussion, and were discussed at length by a number of gentlemen. Among the more valuable remarks, was one from Dr. Hughes, in which he spoke of curing a case of Angina pectoris and epilepsy with *Hydroc ac.* IX.

Drs. Justin and Lippe presented printed papers upon *Diptheria*, which were discussed at length by Drs. Paine, Duncan, Swazey, Mitchel, Brown, Haupt, and DeGersdorf. The discussion on etiology was warm, and it seemed to be the general impression that parasites had little to do with the establishment of the disease.

Drs. Charge, of France, and Panelli, of Italy, presented papers upon *Intermittents*, which were discussed by Drs. Beckwith, Ober and Morgan.

Dr. Jousset, of France, presented a paper on *Pneumonia*, which was discussed by Drs. Hayward, of Liverpool, England, E. U. Jones, and Lilienthal. It may be inferred that *Acon: Phos. Tart. Em.* will cover nearly all pure cases. The last remedy is of little benefit in the earlier stages.

The papers of Dr. DeGersdoff, on *Angina Pectoris.* Dr. Mayhoffer, of France, on "*Primary Congestion of the Lungs*," was discussed by Drs. Clotor Muller, Stow, and N. R. Morse.

On the fourth day, the proceedings were opened by a report from the committee on Correspondence, stating that Madam Hahnemann had forwarded a colossal bust of her distinguished husband, accompanied by a letter of sympathy with the work of the CONGRESS, and recommended a series of resolutions of acknowledgment and thanks, which were adopted.

The remaining papers were then read and discussed, as follows: Dr. McClelland, on "*Syphilis*;" Dr. A. G. Beebe, on "*Benign Tumors*;" Dr. Helmuth, on "*Influence of Homœopathy on Surgery*;" Dr. Norton, on "*Conjunctivitis*;" Dr. Wilson, on "*Acute Disease of the Middle Ear*;" Dr. Woodbury, on "*Puerperal Fever*;" Drs. Guernsey and Sanders, on "*Diseases of Pregnancy*;" Dr. Davidson, of Itay, on "*Hysteria*;" Dr. Claude, of France, on "*Metrorhagic Chlorosis*," and Dr. Ludam, on "*Membranous Dysmenorrhœa*." All of these papers were fully discussed.

Besides the papers on scientific subjects, there were a great number upon the history and statistics of Homœopathy in almost every country in the world.

The committee on Correspondence, were instructed by resolution, to open correspondence with Homœopathic physicians and societies, to arrange for a second Congress, to convene sometime within five years.

Dr. Janney, of Kansas City, then read a paper upon "Gunshot Wounds." The President appointed Drs. Drury, of England, Schwabe, of Germany, Catallar, of Paris, and Ceyliano, of Italy, a committee on International Pharmacopœia.

The Convention then adjourned *sine die*. G.

ONE COMPLETE SET OF AMERICAN OBSERVER (*First Series*, Vol 1–10 1864 to 1873, inclusive), will be sent by express from this office for $17.50.

A DISREPUTABLE "BUISNESS."—The following letter and circular explain themselves, but it remains for Dr. Ball to explain why he made use of our name. We would not give a cent for all the patent pile cures that were ever invented. We never made any enquiry about this patent-right "cure," or any other.

DIRECT TO EARLVILLE, LASALLE COUNTY, ILL.—Office of D. M. Vosburgh, druggist, physician and surgeon.

EARLSVILLE, ILL., April, 20, 1876.

E. A. Lodge, M. D.—*Sir.*—I understand by Dr. A. R. Ball, of Mason, Michigan that you would like to know the secret of curing the piles; if this be true, I can give you a better chance than any one can, as I am the only one that owns the right in Michigan, and Dr. Strong has no right to sell nor learn any one in the State. This treatment will cure any case of Piles. I care not how long the case has been standing. I will sell you the county of Wayne, or only the city of Detroit; or if you would rather, I will let you have it on royalty. I can refer you to F. B. Smith of Owosso, or John B. Barnes, M. D., of the same place; else A. R. Ball, M. D., of Mason. I can assure you that it is a success in all cases of Piles and other diseases of the rectum. I did expect to go to Detroit myself, but on the account of sickness of my family I cannot leave at present. I would like to hear from yon at your earliest convenience. There is money in the buisness, and I should not quit the buisness if it was not for sickness. Please let me hear from you soon.

Truly yours,
D. M. VOSBURGH.

DRS. BALL AND VOSBURGH,

PERMANENTLY CURE PILES AND FISTULA,

AND MAKE ALL

DISEASES OF THE RECTUM THEIR SPECIALTY!

NO CURE! NO PAY! CONSULTATION FREE!

In the treatment of piles the knife and ligature are not used.
The treatment is mild and safe and never fails to cure.
From two to six weeks occupied in treatment.

CHARGES RANGE FROM $25 TO $100.

From responsible persons no money will be required until a cure is effected, as a radical cure of the worst form of piles is guaranteed.

Best of reference given as to character and professional standing if required.

D. M. VOSBURGH, M. D. A. R. BALL, M. D.

HATS AND BONNETS.—A London M. D. says: There is no recognized reason why of late years neuralgia of the face and scalp should have increased so much in the female sex as compared with our own. There is no doubt that it is one of the most common of female maladies—one of the most painful and difficult of treatment. It is also a cause of much mental depression, and leads more often to habits of intemperance than any other. This growing prevalence of neuralgia may to some extent be referred to the effects of cold upon the terminal branches of the nerves distributed to the skin; and the reason why men are less subject to it than women may to a great extent, I think, be explained by the much greater protection afforded by the mode in which the former cover their heads when they are in the open air. It may be observed that the surface of the head which is actually covered in man, is at least three times that which fashion allows to a woman; indeed, the points of contact between the hat or bonnet and the head in the latter are so irregular as practically to destroy any protection which might otherwise be afforded. If we were to report a case of facial neuralgia cured on the principle of protecting the lateral frontal surface of the face, as well as the superior part of the scalp, it might excite a certain amount of ridicule. I can assure you, however, that my patient considers that her case ought to be reported; for she says that, if we cannot do much for neuralgia with our prescriptions, we ought to oppose fashion when we find it prejudicial to health and productive of suffering.

OBSCENE POSTAL CARDS.—A JUST SENTENCE.—Dr. Cavana, of Oneida Castle, Oneida county, was postmaster and physician there at the same time. He had a patient named Mason, whom he doctored, but who died before paying Dr. Cavana his little bill. Mrs. Mason was not able to pay, and subsequently moved away to Michigan. Dr. Cavana set about amusing himself by writing her postal cards, on which he stated the nature of the disease for which he had treated her husband, in indecent language. Some 15 of these cards were sent, and they went quickly into the possession of the United States District Attorney in this city, the latter returning them to the District Attorney of Eastern New York. Cavana was arrested, tried and convicted at Albany, and a few days ago he was sentenced to pay a fine of $1,000, and stand committed until it is paid.

FLOWERS.—The finest flowers are from Vick's seeds, and the very best guides to floriculture are the very handsome publications of Mr. James Vick, of Rochester, N. Y. We have had before us for some time the first three numbers of the *Floral Guide* for 1876, and very cheerfully direct attention to its pages as affording two-fold information of a very important character, namely: Where to get good seeds and bulbs or fine cuttings, and how to get the best results from labor in the flower garden. It is also a very satisfactory guide for the gardener. Those dealing with Mr. Vick will be honestly and liberally dealt with.

FEES.—There is encouragement for young practitioners in this extract, given by the *Medical Press*, from the diary of the late Mr. Newburn: The following statement from the fee book of Sir Astley Cooper is curious: "My receipt for the first year was £5 5s; for the second, £26; the third, £64; the fourth, £96; the fifth, £100; the sixth, £200; the seventh, £400; the eighth, £610; the ninth, £1,100" In 1815 Sir Astley made £21,000. A Mr. Hyatt, an ancient merchant, gave him £1,000 on recovery under his care, and Mr. Coles, of Mincing Lane, for a long course of time, gave him £600 every Christmas.

Personal Notices, Etc.

UNIVERSITY OF MICHIGAN.—*The Homœopathic College of the University* has been strengthened by the appointment of two lecturers. Our colleague, Dr. J. G. Gilchrist, of Detroit, will lecture upon *Surgical Therapeutics*. These Lectureships are only compensated with half of the salary of the Professors, but will no doubt result in full chairs and fair remuneration. Other additions will be made from time to time as the interests of the college demands, and we trust that it will continue to grow in usefulness and in the confidence of the profession.

The Second Annual Announcement, with any information desired, can be obtained by addressing Prof. S. A. Jones, Dean, etc., until September, at his home, *Englewood, New Jersey.*

The Luboratory Defalcation.—The Regents, after making a most thorough investigation, have in effect sustained Dr. Douglas's integrity, but have required him to consider himself responsible for $1,174 65 of the total deficit of over $5,500. They have dismissed Prof. Rose, who has pursued a questionable course throughout the whole matter, and ordered suit to be brought against him in the courts for the recovery of the balance of the deficit. His friends declare that he will be able to thoroughly vindicate himself before a judicial tribunal.

SAWYER.—By mistake, in July No., p 385, the initials of Dr. Sawyer were printed as I. N., instead of A I.

THE CHICAGO COLLEGES.—On account of differences respecting the hospital, and other considerations, there has been a reorganization of the faculty of the Hahnemann College of Chicago; and a new college enterprise has been inaugurated under the name of Chicago Homœopathic College, as advertised in our present issue.

REVIEWS.—We have in type reviews of *A Manual of Pharmacodynamics;* and *Micro-Photographs in Histology*. These will be followed by reviews of *Allen's Encyclopedia of Materia Medica, Vol. IV.*, with usual Book Notices.

DETROIT INSTITUTE OF HOMŒOPATHY.—Several reports on hand which we are obliged to reserve for next number.

BACK VOLUMES AND NUMBERS.—We are now arranging the back numbers of the OBSERVER since the commencement, and this is an excellent time for our friends to complete their sets for binding. We will supply lacking numbers of back years, postage prepaid, for 12½ cents each.

BOUND VOLUMES of past years will be mailed for $2 00 each.

Early application will be necessary to secure numbers and volumes at these reductions.

REMOVALS.

Cummings—Dr. Clark Cummings, from Adrian to Toledo, Ohio.
Fuller—Dr. E. C. Fuller, from Pontiac to Detroit, Michigan.
Mera—Dr. H. P. Mera, from Pottsfield, Pa., to Mansfield, Ohio.
Ripley—Dr. E. M. Ripley, from Wing's Station, N. Y., to Unionville, Conn.

CITY PRACTICE.—Large and lucrative, suitable for a strictly first class practitioner. Address for particulars, O. O., care of AMERICAN OBSERVER, Detroit, Mich.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

CATARACT CONSIDERED FROM A HOMŒOPATHIC STAND-POINT.

(Read before the Detroit Institute of Homœopathy.)

BY J. G. GILCHRIST, M. D.

There are few diseases of a surgical character, which are contemplated with more interest by the purely Homœopathic surgeon, than Cataract. The student of our art will find that the possibility of producing a cure of an opaque lens will be the last point he will be willing to concede. He will strenuously uphold the old doctrine of the incurability of diseases characterized by extensive tissue changes, until earnest effort convince him that some of them are veritably curable. He will yield, only step by step, one morbid condition after another, until he comes to cataract, his last position. Few, comparatively, get beyond this point, but this happy few, who are forced by the inexorable logic of *experience* to admit the potency of scientific medication in these desperate cases, emerge from the long struggle with a confidence in the efficacy of our law of cure, and renewed enthusiasm in the cause of progressive medicine, that well repays them for the labor expended. In order to secure a clear understanding of the case, let us very briefly consider the pathology and etiology of Cataract, with a glance at the therapeutics.

Cataract is an opacity of the crystaline lens, of its capsule, or of both; the former being known as *lenticular*, the second, as *capsular*, and the third, as *capsulo-lenticular* Cataract. This classification is still retained, but simply from habit, as the conditions indicated represent successive stages in the same process rather than distinct morbid phenomena. We find a further division into the *hard* and the *soft*, open to the same objection, however, as I believe nearly all cases commence soft, and become hard in proportion to their duration. The only benefit to be derived from this last division, therefore, is in making choice of an operation; most surgeons preferring needle operations for the soft variety, and extraction in the hard.

The appearances however, are striking in each variety. The *soft* can hardly be distinguished, unless in a good and favorably directed light. They have a blueish cloudy appearance, with whitish spots here and there. The *hard* variety are of a brownish yellow color, very distinct, and have been mistaken for glaucoma. The last are peculiar to old age; in conformity with my views, however, it might better be said that Cataract becomes hard quicker in old age than in youth. The *capsular* form is not true Cataract, although the result, as regards integrity of vision, are the same. They are of a dull chalky-white color, and due to deposition of new layers upon the inner surface of the capsule, which still remains transparent, but becomes wrinkled; as time advances there is a deposition of salts, and the opacity becomes complete.

In a few words, therefore, we find Cataract to be an opacity of the lens. Let us next seek for the cause. It is of the utmost importance in arguing the curability of surgical disease, that we have a clear understanding of etiology, as if the causes are shown to be not local, but a disturbance of nutrition or other vital phenomena, we are encouraged to attempt measures that an adherence to an ancient school of materialism would forbid.

The cause will be found usually in mal-nutrition; an extension of inflammatory action from neighboring parts; or the result of inflammation in the lens itself. The impaired nutrition, again, may be due to causes operating within the eye, or from changes in the blood generally, thus making the disease of extra-occular origin. A familiar example of the latter will readily suggest itself to you in diabetes or glaucoma. Senile involution is often characterized by the formation of Cataract, as are all conditions in which the blood looses its watery constituents, more or less, thus giving rise to a similar loss in the lens, by osmosis ——, with consequent loss of transparency, condensation of the fibres, and deposit of calcareous or earthy salts.

As already intimated, the true etiology in all diseased conditions being, to a certain extent, *sine qua non*, modern pathologists have discovered while searching for a cause, that many drugs have a direct agency in the production of Cataract by disturbances in the vascular supply of the parts. Prominently among these all class Ergot. Many

cases of congenital lenticular opacities have been traced to the antenatal effect of Secale. It is known to all who hear me, probably, that the primary effect of ergot is prolonged spasmodic muscular contractions, tonic in character. While this action is principally expended upon the muscular fibres of the uterus, all of the involuntary muscular system feels its influence more or less. Soelberg Wells, in referring to this fact, says: "Wecker thinks that the mal-nutrition may, perhaps, be owing to a diminution in the blood supply to the anterior portion of the uveal tract, on account of the long spasmodic contraction of the ciliary muscle." For this reason this powerful drug should be cautiously exhibited in obstetric practice, as great and irreparable injury may be done to the mother, in addition to the well-known fatal consequences so frequently entailed upon the child.

The indiscriminate use of *atropia* must not be overlooked in this connection, as the best authorities agree in its power to produce long-lasting congestion of the optic vessels, with permanent textural changes in the retina and choroid.

Other causes, in addition to those enumerated above, may be a deposit of lymph upon the capsule, and the reception of injury. In latter case an effusion of organizable lymph may be at fault, or a disarrangment of the cellular elements, the essential condition, opacity being in either case obtained. In reference to the latter point, CLELAND, in his "*Animal Physiology*," says that in opacity of the cornea there will often be found simple disarrangement of the cells as to position, those lying horizontal to the surface being found vertical and thinks something similar may be observed in some forms of Cataract.

Whatever the causes may be, however the question of greatest interest to us at present is, *can Cataract be cured?* Without impeaching the truthfulness or skill of the authorities to which I shall refer, we can only answer in the affirmative. In the case of *fully formed hard Cataract*, there is still a question, in my own mind, as to the promise of success; but when *soft*, or of other varieties not yet mature, I have no doubt whatever.

Those who deny the curability of Cataract, must now show *why* it is impossible. Surely not because the lens is non-vascular; for so is the cornea, and we all know *Sulphur* and other remedies have fre-

quently cured opacities of that tissue. Not because it is supposed to be a *local disease*, because on all hands it is now conceded that Cataract is not only a purely secondary affection, but even of extra occular production. Not because it has *never been cured;* for the cases to the contrary are very abundant. Not because the reports are unreliable from errors in diagnosis, because the reporters standing forbids such a supposition. On this latter point, let me quote from Soelberg Wells again: "Since the discovery of the opthalmoscope," says this distinguished author, "glaucoma and amaurosis could not be mistaken for Cataract, except through the grossest ignorance or carelessness. * * * * * A fully formed matured Cataract may be at once recognized, even with the naked eye." Supposing, however, that glaucoma was cured by mistake for Cataract, is the achievement any the less? Or take another class of cases, thus described by Wells: "Small punctated opacities, which are due to senile fatty degeneration of the fibrillæ of the lens, appearing in the form of a fringe of small yellowish gray dots quite at the periphery of the lens." A mistake such as this could only add strength to the doctrine that Cataract is curable.

Want of time and space will not permit me to do more than give references to cases cured. In BECKER'S "*Diseases of the Eye*," will be found four cases given at length, cured by Dr. H. V. Mallan, as reported in No. XX. of the *British Journal of Homœopathy*, *Silic.*, *Cann. S.*, *Sulph. and Merc.* were the remedies used.

In the report of the transactions of the *Western Prussia Med. Soc.* for July, 1869, several cases are reported cured by *Silicea* 30.

In the *Annual Record* for 1870, on page 101, will be found a report of two cases cured with *Cann. Sat.*, and one by *Magn. Carb.* There are many cases reported cured by this last remedy in several of our periodicals.

In the *North American Journal of Hom.*, vol. XXI., p. 263, will be found a record of three cases cured, one of them senile, by Dr. Kirsch, vouched for by Kafka, and endorsed by Lilienthal.

Dr. Quadry reports cures by *Ammon. Carb.* and *Mur.*, in the same journal, vol. XVI., page 593. A number of additional cases are referred to by Dr. Lilienthal in the XXIst volume, page 265, *et seq.*, which would take too much space to notice here, and yet will repay perusal by the incredulous.

I can report two cases cured in my own practice, admitting that I have operated 42 times to the two cases cured by internal treatment. Those who are familiar with surgery can readily discern why we should so frequently operate in this affection. Among other reasons, we can refer to the almost absolute certainty of success in uncomplicated cases, aided by proper homœopathic medication; the small amount of pain attending the ordinary corneal operations, and the speedy improvement in vision. Under a purely medical course of treatment, when we can succeed in selecting the similar remedy, a permanent and radical change need not be looked for much under six months. In all ordinary cases, therefore, operative measures must and should be employed; but when we find cases in which the most reckless would counsel non-interferance, we certainly can congratulate ourselves upon possessing means to afford relief unknown to any other school of practice. The great difficulty in selecting a remedy lies in the poverty of symptomatic indications. While we know that serious impairment of function is at the bottom of the trouble, the cause is often so obscure that we can find nothing but the opaque lens to indicate diseased action. In such cases we can rely upon *Phosphorus* as one of the best remedies. Indeed, a celebrated opthalmologist of Paris, whose name I cannot at this moment recall, used Phospherus, locally, with considerable success in these cases. When we find that previous to the appearance of the Cataract there had been myopia, perhaps coming on suddenly, and the antero-posterior diameter of the ball much increased, we recognize a condition similar to that following the use of ergot, viz: a spasmodic contraction of the ciliary muscle, anterior bulging of the eye, accompanied by diminution in blood supply to the capsule of the lens. For this condition we have a remedy in *Physostigma*, the Calabar bean, at least as far as the removal of these causative conditions are concerned. Upon the cessation of the cause, however, we rarely find a return to health, without changing the remedy, as the opacity is simply a natural pathological sequence to arrested nutrition. We will find *Merc.*, *Sulph.*, *Magn. c.*, *Sil.* or *Cann. s.* perhaps *Cal. c.* or *Arn.* to be required. We find then, in summing up the therapeutic question, that our remedies have to be addressed to known pathological conditions with but little if any aid from symptoms. The remedies must be selected with reference to their action in causing metamorphosis or resorption of effused plasma, and this knowledge is only to be obtained by experience. A careful study of the question has led me to these conclusions, and in closing, I invite close criticism, and a comparison of results. Earnestness and patience will furnish us the key to the successful treatment of Cataract and to this work let me invite you one and all.

July 10, 1876.

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

ANASARCA.

CASES FROM I. N. ELDRIDGE, M. D., FLINT, MICH.

Case 1. Mrs. G., aged 45, light complexion; after abortion-hemorrhage, had *Ars.* Helleb., Chin., Dig., Ferr., &c., in vain. Symptoms: Bloated up to her hair; *skin transparent;* tongue, lips and gums colorless; pulse frequent, thready; heart beats obscured; utter prostration, unable to speak a loud word; sitting back on bed, bolstered; change of position impossible, from feeling as if she were dying, and pulse and heart beat intermitting; urine scanty; bowels constipated; no appetite or taste; no thirst. Gave *Apis*, crude powder of stings, &c., every 3 hours, 1 grain, half a dozen powders. Result: profuse urination; immediate cure.

Case 2. Mrs. R., 70 years, short and stout, had varicose veins and ulcers, for several years. General venous obstruction and fulness; temporal veins hard and knotted; purplish skin and lips; severe cough, loose, yellow sputa; asthmatic breathing; heaving of shoulders; intermission of 3d beats of pulse and heart; bloat from feet upward; unable to lie down; sitting, leaning forward, and to the right; normal quantity of urine, color good; tongue buff-colored and slimy, most on sides; thirst; cold sweats; appetite for "hearty food;" great dyspnœa, especially lying, gets into bed at 3 A. M.; pains, dull and heavy, in liver and spleen; yellowish eyes; swelling most on dependent side and back; anxious face. Had *Arsen.*, *Dig.*, *Apis.*, *Hell.*, *Prunus.*, *Chin.*, *Nux. v. Merc.*, &c., *Apocyn. fl. ext. gtt.* 3, 4, 5, 6, 7, three hour intervals: the flow of urine became profuse and immediate cure resulted, only five doses being used. Later, ulcers and varix cured by *Arsen.* and *Hamam.* (inwardly and outwardly) and *Lachesis.*

Case 3. Babe P., girl 13 months old, had not had scarlatina; bowels loose; allopathic treatment for 6 weeks; pronounced incurable; suckling, scanty supply; diarrhœa, slimy, offensive, drab-colored, six to nine stools daily; white skin; transparent ears; urine scanty; no appetite; very fretful and peevish; head hot, rolling on pillow; swelling at feet, going up to head by degrees; eyes half closed by swelling; lumbar region much swollen; gums red, spongy, sore; ulcers like pin-heads in mouth; upper lip swelled; pupils dilated; palms hot; legs cold; pitting of skin; bloat so great, body could not be bent. Ascites. Had *Ars.*, *Cham.*, *Merc.* (ulcers better); *Calc.*, *Apocyn.*, *Apis.* (barely ameliorated); then gave *Apis.* 2 and 30; mouth worse, then cured it; urine flowed profusely, cured.

POST-SCARLATINAL DROPSY, BY DR. W. R. GORTON, DETROIT, MICHIGAN.

Bloating of face and body, (chest and abdomen). Dyspucea, cannot lie down; chest percussion, dull below; urine almost suppressed; lips white.

Boy, 8 years, brunette, gave *Apis.* 12, four times a day, four days, much better from the first; now cloudy urine, but more whitish in color; some swelling, especially face after lying (mornings); abdomen swelled by noon; Cannabis 30, one dose, final cure.

CASE REPORTED BY DR. E. L. ROBERTS.

Prof: John C. Morgan, M. D.—Dear Doctor—Your favor of 26th inst., asking for the symptoms for my use of Apocy. Ars. and Apis. in a case of dropsy, &c. received.

In answer, I would say, that I do not mean Apocy. 100. It is a mistake with the printer, I sent it in marked (Apocy θ) meaning tincture.

I was called to see the case last December 21st, found her bolstered up in bed, breathing short and rapid. There seemed

to be a suffocation like one suffering from asthma. Lower extremities swollen nearly to bursting, extending up to body. Abdomen also distended up to near the navel, very hard, almost stone-like. Dents in the flesh, by pressure remaining a long time, comparatively. The great feeling of suffocation and the stone-like hardness of the flesh, with scanty urine, decided me to try Apis mel. 1-10, 2 to 3 grains every four hours. 23d, found the case better, flesh felt softer, breathing less labored. I forgot to mention that the right arm and hand were much swollen. 30th. Considerable fever. I gave Apis 3 trit 2 gr., in alternation with Apocy. can. ϴ, 5 drop doses, each every six hours. Jan. 7th. Patient seems to be worse every night after midnight. Terrible shortness of breath, with anxiety for fear she might suffocate. Violent palpitation visible in the carotids. Pulse extremely rapid. High fever. I omitted Apis and gave Ars. alb. 3x in its place. From this on, the patient improved rapidly, and by the first of February the swelling was entirely gone. From this on, I continued the Ars. alone every 6 hours. She is now free from all dropsical swelling, and her general health is improving. She is about the house quite smart for an old lady.

I gave Apocy. more empirically than otherwise, but I think it increased the appetite and produced a good diaphoretic effect. I do not know but the case might have been treated better, but the result has been highly gratifying to me, the patient, and her friends. The woman is of spare slender habit (colored), has a large goitre the size of a goose egg.

I think the case was, from the beginning more typical of Ars. than the other remedies used, yet they seemed to do good work.

August 8th. This patient remains well.

2.—PURULENT CONJUNCTIVITIS.

CONJUNCTIVITIS BLENNORRHOICA; PURULENT OPHTHALMIA.

We propose to describe under this head the varieties of conjunctival ophthalmia originating in the mucous membrane of the eye, and often confined to it, characterized by an increased secretion of a purulent or puriform character. They are:

a. Conjunctivitis neonatorum, or purulent ophthalmia of newly born infants.

b. Conjunctivitis purulenta, or purulent ophthalmia in the adult.

c. Conjunctivitis gonorrhoica, or acute gonorrhœal ophthalmia.

These varieties of conjunctivitis are strikingly similar in their symptoms, course and terminations, are all very destructive to the integrity of the organ, and are chiefly distinguishable from each other by the age of the patient, or by the nature of the exciting cause.

A—Conjunctivitis Neonatorum.

PURULENT OPHTHALMIA OF INFANTS.

SYMPTOMS.—This form of conjunctivitis generally sets in about three days after birth, but it sometimes begins at an earlier and sometimes at a later period. At first it is limited to the palpebral conjunctiva, which is red and velvety; the edges of the lids, also, are somewhat red, particularly at the corners, where they adhere slightly to each other, the adhesion arising from their being kept closed in consequence of pain experienced on exposure to light, and to the secretion by the inflamed membrane of a small quantity of white mucus, which may be seen

on everting the lower lid. This *blepharo-blennorrhœa*, or *blepharitis*, as it is termed, constitutes what is called the *first stage*.

The *second stage* is marked by the extension of the disease to the ocular conjunctiva, the redness and inflammation being greatly increased, and the inflamed membrane pouring out a copious puriform secretion, which causes adhesion of the palprebal edges, and the accumulation between the swollen and inflamed lids of more or less of the purulent matter. In this stage, there is always considerable tumefaction both of the lids and conjunctiva, the loose folds of the latter being distended into fiery rolls, having a finely granulated or villous appearance, and producing in many cases temporary ectropium of one or both of the lids. Photophobia is always great, and generally extreme, the child contracting its brow, and resisting as much as possible every attempt at exposure to the light. Whenever the lids are separated, especially in the morning, a profuse purulent discharge generally gushes out, and pours over the face of the child; and in all cases the puriform secretion is sufficiently abundant to agglutinate the lids, and, when separated, to conceal from view the inflamed surfaces. The discharge is of different degrees of consistency, and of various shades of color, being generally of a purulent or muco-purulent character, but sometimes ichorous or sanious and even bloody.

The *third stage* stage is characterized by a gradual subsidence of the inflammation; the redness and tumefaction abate; the secretion is not only diminished in quantity, but altered in quality, becoming bland and muculent; the photophobia subsides, so that the child will even open its eyes when the light is subdued; and the temporary ectropium, resulting from the eversion and strangulation of the lids, disappears, so that the eye can now be carefully examined.

RESULTS.—Opacity, ulceration and more or less sloughing of the cornea, as well as adhesion of the iris to its inflamed or ulcerated surface, may all occur in the second stage of the com-

plaint. When the whole cornea sloughs and the humors escape, the eye shrinks greatly in size, appearing like a flattened tubercle at the bottom of the orbit, when the humors are retained, the front of the globe only is flattened. When, in consequence of extensive sloughing of the cornea, the iris prolapses and becomes adherent, staphyloma, either partial or general, commonly supervenes; sometimes, however, the tumor thus formed gradually diminishes until only a small brown point remains in the cornea, impairing the vision more or less, according to its situation and extent. The cicatrices left after healing of the corneal ulcerations are opaque, and consequently interfere more or less with vision. Permanent opacity of the cornea, (*leucoma albugo*,) resulting from a greater or less amount of interstitial deposition, may be either partial or general; in such cases, of course, vision is more or less permanently impaired; but when the opacity is superficial, or results from a slight degree only of interstitial deposition, the effusion will ultimately be absorbed, and the transparency of the cornea fully restored.

PROGNOSIS.—When the disease is severe, neglected, or badly treated, the danger to the eye becomes very great, and vision is apt to be permanently injured. On the contrary, if the case be taken in hand early, before the cornea becomes seriously affected, the inflammation can almost always be subdued in time to avert the dangers to which this form of conjunctivitis is subject. Indeed, if the cornea remains clear, even if the inflammation has extended to the ocular conjunctiva, but little risk is incurred, provided the most prompt and efficient means are employed. But if extensive ulceration or sloughing of the cornea has occurred, or if inflammation has extended to the deeper structures of the eye, producing adhesion of the iris, (*synechia anterior*,) or impairing the transparency of the humors, the loss of vision will be unavoidable.

ETIOLOGY.—Purulent conjunctivitis of new-born infants has been proven in many instances to be contagious; and the gen-

eral appearance of the disease on the second or third day after birth, taken in connection with the fact that, in a large proportion of cases, the mothers have been observed to have a morbid vaginal discharge, such as leucorrhœa or gonorrhœa, renders the received notion of its contagious origin from contact of these morbid secretions, highly probable, to say the least. On the other hand, conjunctivitis neonatorum frequently attacks the children of healthy mothers, or, at least, of such as appear to be quite healthy, so that the question as to the contagious origin of the complaint still remains to some extent unsettled.* Whether contagious or non-contagious, however, one thing is certain, namely, that those influences that excite other forms of conjunctivitis are capable of producing this; thus it is found to be most frequent and destructive among weakly children, and such as are inadequately and improperly nourished, clothed and housed; also, that it is more prevalent and destructive where large numbers are collected together, as in foundling hospitals, especially those which admit children of the lowest class, the mothers of which are frequently affected with leucorrhœal or other vaginal discharges, and whose infants are often puny, premature and badly nourished.

TREATMENT.—In order to avoid unnecessary repetition, we shall mention in this place only a few of the leading medicines adapted to this variety of ophthalmic inflammation, referring to TABLES XIV and XV, and also to the THERAPEUTIC INDICATIONS at the end of the SECTION ON OPHTHALMIC DISEASES, for such additional remedies as may be required in exceptional cases.

Aconite.—This medicine appears to be incapable of causing a true inflammatory exudation of plastic lymph or pus, and is therefore of no value in this form of inflammation, except

*It is true, the most recent authorities regard every form of purulent conjunctivitis, even the catarrhal, as somewhat contagious, and this is no doubt true; but our own experience, no less than that of many others, to say nothing of the general history of the disease, is not such as to warrant us in giving an unqualified opinion on the subject in question.

during the first stage of the complaint, and even then it will be most useful if given in alternation with Argent. nit., or Belladonna.

Argentum nit.—This remedy enjoys the reputation of being a specific for this form of conjunctivitis; it is well to alternate it with other medicines whenever special symptoms demand a change of remedies.

Belladonna.—This remedy is well adapted to the first stage of conjunctivitis neonatorum, especially in the less acute grades of the disease; its use, however, should not be persisted in after the secretion has become thick and copious, but the practitioner will do well, as a general rule, to resort at once to

Bryonia.—This medicine is adapted to the second stage, when the conjunctiva has become more or less infiltrated, the secretion being thick and slimy and the lids agglutinated; but, unless improvement rapidly follows, resort should be had to

Hepar Sulph., or to the *Muriate of Hydrastia*, either singly, or in alternation with Bryonia or

Mercurius.—This is perhaps the most reliable remedy after the second stage has become fully established and plastic exudation has taken place, especially if pustules or ulcers have already formed on the cornea.

Rhus tox.—This medicine is also well adapted to the second stage of the disorder, especially when there is very great swelling of the lids and conjunctiva, with redness and hard swelling of the tarsal edges.

Thuja.—This remedy, which is better adapted to severe forms of catarrhal conjunctivitis, has been recommended chiefly on theoretical grounds; yet it has been proven to be of considerable value in many cases, especially when there is very high inflammation, with great redness and swelling of the lids and ulcerations of the tarsi and cornea.

AUXILIARY TREATMENT.—Great care should be taken to cleanse the eyes, as often as may be needed, with warm milk

and water, by means of fine old linen rags, never using the same piece twice, and never opening the lids without first soaking them until the dried and glutinous matter is entirely removed. A light linen compress, saturated with a solution of *Belladonna* or *Thuja*, of the strength of fifteen or twenty drops of the mother tincture to the glass of water, and frequently changed, may be used to advantage in the first and second stages respectively; and a solution of *Argentum Nitratum*, one grain to the ounce of distilled water, and kept in the dark, may be dropped into the eye, or applied to diseased surfaces, every six hours during the suppurative stage, by means of a camel's hair pencil, being careful to cleanse the pencil with warm water every time it is used. This application not only destroys the contagious character of the secretion, but acts favorably upon the inflammation, by limiting the exudative process and promoting the absorption of the exudation; and, if carefully and timely applied, it will insure resolution of the inflammation, by preventing disorganization of the ocular structures and consequent loss of vision.

DIET AND REGIMEN.—From what has been said respecting the nature and causes of this disease, it is evident that the nutrition of the infant is a matter of the highest importance;* and for this purpose, healthy maternal breast-milk should, if possible, be obtained. If, however, the babe *must* be fed with artificial food, well-cooked oat-meal, prepared with half water and half milk, and strained, will, as a general rule, be found to be the best substitute. Due attention to cleanliness, the use of a proper amount of warm, clean clothing, and a plentiful supply of pure air, are matters also which the practitioner should be careful to enjoin.

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* To those practitioners who are accustomed in this complaint to rely wholly on medication, these directions may appear both antiquated and unnecessary; but an experience of many years in its treatment, and the disastrous results which in many cases we have observed to follow the neglect of suitable hygienic measures, especially in public institutions, not only authorize, but demand, we think, their observance in all cases.

B.—Conjunctivitis Purulenta.

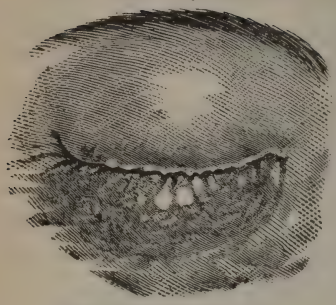
PURULENT OPHTHALMIA OF THE ADULT; MILITARY OR CONTAGIOUS OPHTHALMIA.

This form of conjunctivitis is of different degrees of severity, according as it occurs in civil life and under favorable circumstances, or in the army, in over-crowded barracks, hospitals, etc. In the former case, it is generally a comparatively mild affection, differing in no respect from the milder form of conjunctivitis neonatorum just described, except as modified by age and other accidental circumstances. Indeed, there is reason to believe that in some instances it is nothing more than a severer and more dangerous form of the catarrhal. In the latter case, however, owing doubtless for the most part to exposure, a scorbutic state of the system and want of cleanliness, it has proven exceedingly destructive, no less than eleven hundred cases of blindness having occurred in the Prussian army out of thirty thousand attacked. Sometimes, also, the ravages of the disease are alarming even in civil life, as when it breaks out in asylums and large schools, or when, through neglect of sanitary precautions, or the non-observance of suitable hygienic measures, it becomes epidemic. The latter constitutes what is generally known as

(1.)—ACUTE PURULENT CONJUNCTIVITIS.

SYMPTOMS.—As in ophthalmia neonatorum, the redness and inflammation are at first confined to the palpebral conjunctiva; there is also more or less lachrymation, stiffness of the lids, and accumulation of whitish mucus on the inflamed membrane. This is the first stage, or *blepharo blennorrhœa*. The inflammation soon extends to the conjunctiva oculi, producing great redness and swelling of the affected membrane, and copious discharge. At first there is simple stiffness of the globe and lids, but this is soon followed by a feeling as though sand or cinders were in the eye. The lachrymation of the first stage is succeeded by a puriform discharge, so copious as to frequently

FIG. 4.



PURULENT CONJUNCTIVITIS.

overflow the lids and face. Chemosis, from swelling of the ocular conjunctiva, becomes so great as frequently to overlap and nearly cover the cornea, forming with the swollen membrane of the lids, two large pinkish rolls or protuberances, which so effectually close the eye as to render a satisfactory view of the cornea quite impossible. When the inflammation extends to the sclera, the pain is greatly augmented, becoming at times almost intolerable; the constitution also sympathises with the affection, producing a feverish state of the system, attended by headache, throbbing in the temples, loss of appetite, etc. The vascular exitement and suffering remit or abate from time to time, generally in the morning, and sometimes they become distinctly periodical. This is the second stage, commonly called *ophthalmo-blennorrhœa*. The third stage is marked by a general subsidence of the foregoing symptoms; the pain, swelling and discharge diminish, leaving however for a considerable period more or less eversion of one or both of the lids.

RESULTS.—Among the effects sometimes resulting from acute attacks of purulent ophthalmia, we have opacity, rupture, sloughing, suppuration and ulceration of the cornea, interstitial deposition into and between its laminæ, prolapsion and adhesion of the iris, vascularity, thickening and separation of the mucous membrane covering the cornea, staphyloma, ectropium, entropium, and enlargement or collapse of the globe. Even when no such effects follow the inflammation, a certain degree of impaired vision *(amblyopia)* sometimes remains, owing to changes in the lens, choroid coat, vitreous humor, and vessels of the orbit and brain.

DIAGNOSIS.—The violence of the disease, the purulent char-

acter of the secretion, and the changes above-mentioned, especially the chemosis, which, as a dropsy of the conjunctiva, is not to be compared with the swelling of the conjunctiva in catarrhal ophthalmia, will serve to distinguish it from the latter, with which alone it is liable to be confounded. Severe cases of catarrhal ophthalmia, attended by puriform secretion, sometimes bear a close resemblance to this disorder, and, as already stated, may perhaps be properly regarded as mild cases of the disease; but the fact that the inflammatory process commonly affects the whole conjunctival surface at once, instead of being confined for a time to the palpebral conjunctiva alone, as in purulent ophthalmia, will, in connection with the history and progress of the case, generally serve to establish a satisfactory diagnosis between them.*

PROGNOSIS.—Notwithstanding the formidable character of the inflammation, if the cornea be unaffected, suitable treatment will generally arrest the disorder; but if the cornea, and especially the globe, be involved in the inflammation, the event is more or less doubtful. Interstitial deposition, suppuration, and even ulceration, unless considerable, and occurring in a bad state of the system, do not necessarily involve the loss of vision, much depending, of course, on the extent and situation of the changes; if the centre of the cornea, or any considerable portion of it, remains clear, the sight is not likely to be greatly impaired. The general prognosis depends, of course, on the more or less rapid progress of the inflammation; the more rapidly it passes through its several stages, the more danger we shall have to fear. Whenever the true nature of the exciting cause can be determined, we shall have still surer ground upon which to base the probable results. Thus, if the blenorrhœa depends upon

* The following is the diagnosis of Prof. Arlt, Vienna: "The upper lid is to be everted, and if the conjuctiva is sufficiently transparent for us to see the lines of the meibomian glands running toward the eye, of the tarsus, we have a catarrh; if the infiltration is so great as to hide these glands, we have no longer a catarrh, but either a purulent or some graver form of ophthalmia."—ANGELL ON DISEASES OF THE EYE, p. 28.

infection, forty-eight, or even thirty-six hours may be sufficient to produce irreparable injury to the cornea, and consequently to vision.

ETIOLOGY.—Severe catarrhal and mild purulent ophthalmia are so closely related, that it cannot be positively denied that the latter may sometimes originate in the same causes that give rise to the former; but it is generally admitted to be of an infectious origin and nature; indeed, in most cases it can be traced directly to some contagious or blenorrhœic secretion, emanating either from the eyes or from the genital organs. The contagion is promoted, of course, by everything which tends to favor it, such as the crowding together of large numbers in the same apartment, thus accounting for its comparatively frequent occurrence in asylums and large schools, and in army hospitals. The same circumstances, likewise, superadded to exposure, want of cleanliness, and a scorbutic or psoric condition of the system, greatly facilitate the spread of the contagion, and hence the fearful ravages which the disease sometimes makes in the army.

In proof of its contagiousness, it is only necessary to cite the fact that it has frequently been communicated by direct inoculation, not only accidentally in persons, but intentionally in animals, the disease having been repeatedly produced in dogs and cats by the application of the purulent secretion to their eyes. Additional confirmation is found in the fact that, being endemic in Egypt, it was first brought to Europe by the English and French armies—whence the name of *Egyptian Ophthalmia*, by which it is sometimes known—and from this source its progress was traced from the infected to the uninfected, until the Europeon surgeons were, with but few exceptions, convinced of its contagious character. On the other hand, as Lawrence observes, "this notion of a specific contagion, imported from Egypt, originated in Europe, never having occurred in the supposed birth-place of the virus. Assalini, and the other medical

observers who actually witnessed the affection in Egypt, refer it to the ordinary causes of ophthalmic disease." In confirmation of the latter opinion, it may be stated, that where collections of individuals affected by it have been separated, the disease, instead of being propagated to others, generally abates. The only rational conclusion, therefore, that we can come to on this subject, is, that as a general rule, when the disease breaks out in over-crowded, filthy, and disease-producing situations, the malady becomes highly contagious and virulent ; while on the other hand, in situations and under circumstances favorable to health, it soon undergoes amelioration, generally losing, to a great extent, at least, its contagious character, and becoming milder and more manageable.* This will satisfactorily account for the milder form which the disease often assumes, not only in civil life, but also in the army, whenever suitable hygienic regulations are observed.

TREATMENT.—This should be similar to that recommended for ophthalmia neonatorum, only, as the inflammation is generally of a higher grade, the treatment should, if possible, be still more energetic. As the same indications exist, the same remedies will be found applicable, and it will therefore be unecessary to repeat them here. See TREATMENT of *Conjunctivitis Neonatorum*, and consult also the remedies mentioned in *Table XIV*, at the end of the section on *Ophthalmic Diseases*.

LOCAL TREATMENT. — Most authors recommend ice and ice water compresses for external use, and when well-borne and regularly and judiciously applied, they are found to be a very efficient means of subduing the inflammation, but it should be remembered that such applications are extremely hazardous in unreliable and inexperienced hands. We have often obtained much better results from water of a moderate coldness only, applied constantly by means of light linen rags, frequently renewed, taking care to cleanse the eyes from time to time with

* See *Am. Hom. Obs.*, vol. ii, p. 309, *et seq.*

fresh portions of the same. Sometimes even this degree of cold cannot be borne without great pain, in which case it should be used tepid, or else omitted altogether, except for purposes of ablution.

After the redness and swelling of the inflamed membrane have somewhat subsided, and the pain and soreness have mostly disappeared, astringent washes, composed of such substances as we have already mentioned, will prove most beneficial, especially when used in conjunction or alternation with a solution of *Argentum Nitratum*, of the strength of from three to eight grains to the ounce, according to the severity of the case, applied by means of a camel's hair pencil, in the manner recommended for the purulent conjunctivitis of infants; remembering always to rinse the lids immediately after making the application, and not to repeat it oftener than twice a day If the caustic applications are made prematurely, before the inflammation is sufficiently reduced, they will aggravate the complaint, and should at one be suspended, until, by the use of Aconite internally and cold compresses externally, the inflammation is so far lessened that they can be resumed with benefit.

DIET AND REGIMEN.—If the general health of the patient is good, the diet should be very light, consisting only of farinaceous food, wholesome fruits, and light, unstimulating drinks; but if weak and emaciated, and especially if there is a scrofulous or scorbutic state of the system, the diet should be liberal and nutritious. Should the case linger from any cause, as it is frequently apt to do in a depraved state of the constitution, and especially if the loss of vision be threatened by progressive ulceration of the cornea, such articles as milk, eggs and beef should be prescribed, and if necessary even a moderate amount of port wine should be allowed; since, in these cases, notwithstanding the inflammation, the danger to the integrity of the organ arises rather from under than from over stimulation. But before resorting to even the mildest stimulative measures, the practitioner should be certain that he has correctly interpreted the constitutional state; otherwise irreparable mischief will be the consequence.

APIS MEL. IN NON-MALARIAL INTERMITTENT FEVER.

BY THOMAS NICHOL, M. D., LL. B., B. C. L., MONTREAL, CANADA.

On December 19, 1875, I was called to see Madame O——, wife of one of our most distinguished advocates, said to be suffering from intermittent fever. She had been ill for six weeks, during which time she had been treated by very able and enlightened allopathic practitioners. She had taken quinine, in modest doses, however, for our French-Canadian physicians have a horror of the ninety six grains in two hours which rejoiced the heart of Dunglison, the lexicographer, or the 7½ grains every ten minutes till 45 grains are taken, which is the very latest emanation from the German allopathic mind. Next, in desperation, Arsenic in the form of Fowler's solution, had been resorted to, but very cautiously; still without effect. Then Iron, Nux Vomica, Ipecac, but all failed. Opium had been given as a matter of course, for your French allopath still believes with the medical candidate in Moliere's famous play that "Opium causes sleep in virtue of its power to cause sleep," and sleeplessness was a marked characteristic in this particular case.

The morbid state at the time I saw her was as follows: Each afternoon about three o'clock, a shivering chill commenced, running down the back, and gradually spreading itself over the rest of the person. That curious symptom was present, "the hands seem to be dead," and this indication, which alone would suffice to bring Apis before the mind's eye of the homœopathic practitioner, was mentioned to me by the patient of her own accord. The chilliness was aggravated by warmth, especially by the heat of the fire, less by the heat of the bed-clothes. The chilly stage was quite distinctly marked, and did not blend with the hot stage as in the Arsenicum intermittent. After lasting a little over an hour the chill passed away and was followed by violent burning heat, with flushed cheeks and throbbing headache, but with little or no thirst. The sweat was less marked than the other stages, and at times a dry heat alternated with the slight sweat, or appeared instead of it. I made a careful examination of the abdominal viscera, but could detect no change whatever in either liver or spleen, and as the fever originated on the Island of Montreal where true malarial intermittents are almost unknown, I

considered it to be a case of true irritant intermittent fever, a true dynamic affection of the nervous system *not* caused by malarial poisoning.

I prescribed Apis mel. 5th dec. trt., one grain every hour, and on the following day the attack was much lighter. On Dec. 21, it was hardly perceptible, and on the 22d, it had entirely disappeared. I watched the case till Dec. 31st. when it was dismissed.

To Dr. Wolf, of Berlin, is due the credit of calling the attention of the profession to the value of Apis. mel. in intermittent fever. He says: "Observations of this kind which I have made under the most diversified circumstances, have taught me that Apis is *the most sovereign remedy for all those morbid processes which we designate intermittent fever.*" "Apis is the universal remedy in intermittent fevers." Notwithstanding these sweeping assertions, the good doctor seems to be troubled with doubts, for, towards the close of his interesting remarks, he says, "I am unable to say whether Apis will prove effectual against epidemic marsh intermittents, and if so, how the use of it will have to be modified. May it please those who can shed a light on the subject, to communicate their experiences? Two other exceptions to Apis, as a universal febrifuge, have occurred to me in my practice: *the development of fever and ague in poisoned soil, and fever and ague complicated with China-cachexia.*" After a very extensive experience with Apis mel. in intermittent fever, I am in a position to affirm that it will not often prove curative against the malarial intermittents, but that it unquestionably heads the column of the remedies with which we combat the non-malarial intermittents. With this important qualification, I cordially agree with Dr. Wolf's concluding remark—"*The thoroughness of this treatment of intermittent fevers is proved by the fact, that no relapses ever took place, or that no secondary diseases were developed.*"

GLONOINE IN CEREBRAL HYPERÆMIA.

We recently resorted to Glonoine 10 dec. in a very severe case of fever with excellent results. The symptoms relieved by the Glonoine were: Sensation of enormous enlargement of the head; head appears to be distended; all the blood in the body appears to be going to the head; the skull is too small; distracting pain. The delirium yielded to *Hyoscy.* 3. After two weeks illness patient is convalescent with but very faint recollection of the sickness and its duration.

Book Notices, Etc.

THE ENCYCLOPEDIA OF PURE MATERIA MEDICA: A Record of the Positive Effects of Drugs Upon the Healthy Human Organism. Edited by Timothy F. Allen, M. D.

The fourth volume, containing 113 remedies, *Cundurango* to *Hydrocotyle*, is received with much pleasure. It is fully equal to the previous volumes in general appearance. We will publish a full review of it by Prof. Jones at an early date.

THE CHRISTIAN LIFE: Volume 1st—Its Course, its Hindrances and its Helps. Volume 2d—Its Hopes, its Fears and its Close. The two volumes in one, containing 82 Lectures by Thomas Arnold, D. D., Head Master of Rugby School, delivered to his Students.

Messrs. N. Tibbals & Sons, 37 Park Row, New York, have published an edition of this excellent course of Lectures, on their associate plan of subscription in advance of the work, like the Clark Library, published in Edinburgh. The English edition of the work is $3.50. The price of this edition to subscribers is $1.20, postpaid.

We have dealt with Messrs. Tibbals, (father and sons), for about twenty-five years, and have always been gratified with their promptness and fidelity.

INTERNATIONAL REVIEW: A. S. Barnes & Co., Publishers, 111 and 113 William St., New York.

The September number of the *International Review* contains a very careful sketch of the origin and operations of the "New York Clearing House," which ought to interest every young man in business.

Hon. Alexander Delmar, the Philadelphia Statistician, has made a very exhaustive comparison of the "Productive Resources of Bavaria" with those of other countries, particularly our own.

The English Labor Question, How New Italy became a Nation, and other topics are handled with marked force.

PRACTICAL NOTES ON THE NEW AMERICAN and other Remedies, by R. Tuthill Massy, M. D., etc. London, England: E. Gould & Son.

The third edition (fifth thousand) of this excellent little manual is received with much gratification. It contains an alphabetical list of diseases with brief references to the New Remedies which have been most advantageously employed. At the close there is a Glossary, Clinical Index and Index of Remedies. The whole in the compass of 159 pp. small 12 mo.

ST. NICHOLAS FOR SEPTEMBER: Scribner & Co., Broadway, New York,

Has, among its most interesting articles, a delightful little story by Eliza Wood called the "Land of the Griggs;" a good commonsense "Talk with Girls," by Olive Thorne on "a Taste for Reading," and a very funny poem by Laura E. Richards, entitled "John Bottlejohn."

The article on "Our Colonial Coins" with its thirty illustrations, and the amusing poem of "The Buckskin Breeches," have a Centennial interest; while Mrs. Oliphant's paper on "Windsor Castle," and the sketch of the brave Florentine "Ferrucci," convince us that some interesting events did really happen before the 4th of July, 1776.

It contains also a fine variety of other papers of interest to the little folks.

ATLANTIC MONTHLY: H. O. Houghton and Company, Boston; Hurd and Houghton, New York.

The contents of the *Atlantic* for September include Personal Recollections of Jean Francois Millet, by Edward Wheelwright; a farce entitled The Parlor Car, by W. D. Howells; bright descriptions of the Holy Places of the Holy City, by Charles Dudley Warner; another capital chapter of Mrs. Kemble's Old Woman's Gossip; a pleasant account of Deephaven Excursions, by Sarah O. Jewett; more Characteristics of the International Fair; three chapters of the American, by Aldrich and H. H. The reviews of Recent Books and the Articles under Art and Music are well worth reading, and the discussion of College Education for Women will receive especial attention.

A MANUAL OF PHARMACODYNAMICS, By Richard Hughes. L. R. C. P., Edin. Part II. Hamamelis-Zincum. 3d Edition. Turner & Co., London. Boericke & Tafel, New York, 1876.

This most readable of books improves with each edition, and withal grows apace—the second edition containing 566 pages, and this one 789. The work has been "mainly rewritten," and, in the rewriting, the articles on *Arsenicum*, *Belladonna*, *Iodium*, *Lachesis*, *Mercurius*, and *Phosphorus* have acquired a fullness adequate to their importance.

The author says in his preface that when the third edition was called for he "had become painfully conscious of the limited range of the information with which he had previously worked, especially as regards original provings, and French and German literature." He has endeavored to remedy this, and to some purpose, too, for his work now furnishes a fuller index to our materia medica literature than nine-tenths of his readers can supply, and this feature gives the work an especial value to students: indeed, in this respect it is superior to anything in our literature.

Dr. Hughes has drawn so amply upon the researches into the physiological action of medicines that his book can but have a most desirable influence upon those in this country who are given solely to the study of symptoms as exemplified in the "key-note" style of practice; and if he, in return, will incorporate a good per-centage of these unexplainable "key-notes" in his next edition, both sides—and the book—will be benefited. For example, Hering says: "A feeling as if from the falling of a drop of water may help to indicate *Cannabis*" (*sativa*). Now this is one of those "*strange*, *characteristic* and *peculiar*" symptoms which Hahnemann bade us seek for and

note in each proving, and in them we have that subtle something which distinguishes one remedy from every other. Dr. Bradshaw, of England, has verified the efficacy of Cannabis sativa in the instance of a "peculiar sensation described by patients as being like *cold water dropping over the region of the heart.*" He supposed such a symptom was in the proving, but is mistaken. "A cold sensation in a small spot on the parietal bone (afterwards also in other places on the head,) as if a drop of cold water had been dropped upon it," is noted in Allen's *Encyclopædia*, and it would appear as if this were the "key-note," or *a* "key-note" to *Cannabis sat.*, and that it behooves us "when found to make a note on it," as the lamented Captain Cuttle would say.

We do not forget that this work was originally gotten up chiefly for those who gnash their teeth in the darkness of therapeutic unbelief; but the Ringer's and the Wilkses have amply demonstrated that they have fine assimilative capacity, and in a future edition it will be well to inform them of the exceeding great value of mental symptoms in the selection of the remedy. Tell these worthies of the *fear* which is always present in the patient who needs *Aconite and nothing else.* When they give Aconite from that indication, Dr. Hughes may safely defy them, or any one else, to find a potency so "high" that it will not act; and more, the rapidity of its action and the thoroughness of it will "knock" posological scepticism higher than even the old woman who went "seventy times farther than the moon," as poor Oliver Goldsmith used to sing. Aye, and let him make known to them the rude peevishness of Chamomilla, the meek tearfulness of Pulsatilla, the overweening pride of Platina, the self-depreciation of Cobaltum—in a word, teach them the "trick of that voice" by which the king is recognized in whatsoever guise he may be.

We have heard Dr. Hughes say that he hopes to make his book "better the next time." He can do this by a careful read-

ing of the "cases" recorded in our serial literature, for it is the clinical use, and not the closet study, which reveals the genius of a remedy—the *punctum saliens* of a pathogenesis.

As the question of the dose is all unsettled, we could wish that Dr. Hughes had said nothing about it. The reader is apt to regard an author as a leader, and Dr. Hughes is too catholic-spirited to wish to forestall independent individual judgment. Let the dose be left unmentioned, unless, indeed, Dr. Hughes' doses are stated for the benefit of such old school seekers as desire to test his practice in the hope of finding "the better way."

We have feared that certain pre-possessions in the matter of proving paralyze Dr. Hughes when he approaches the study of some of the anti-psorics. Take *Natrum carb.:* it is dismissed with 18 lines in the second edition, and has grown to 30 lines in the third. Dr. Hughes says that from Hahnemann's preface "we may infer the 308 symptoms of this remedy to have been observed in patient's taking the third trituration."* Well, Dr. Hughes may some day get a patient having this symptom: "Pressing in the abdomen, towards the genitals, as if everything would protrude, and as if menstruation would appear." *Belladonna* will miss fire, *Sepia ditto*, and when some good repertory leads him to *Natrum carb.* (S. 602) we trust he will give that remedy in the 200th, and publish the result.

We are under obligations to the author for an advance copy of Part II., and we hope a speedy sale of this edition will make way for a successor as much better than this as it transcends its predecessors in excellence. From our author's hands we expect nothing less than this. To be sure, it is asking a good deal, but judging his future work by his past doing we shall not be disappointed.

* "The principal characteristics of the anti-psorics were obtained from the sick, and only by the use of potencies." C. Hering, *Hahnemannian Monthly*, vol. 1, p. 10. If anyone dislikes "characteristics" having such an origin, he can do as the senior Wahle used to do with an unsatisfactory pathogenesis—re-prove the remedy on himself and others. Why "kick against the pricks" with so scientifically satisfactory an alternative at hand?

Meanwhile we most earnestly commend this third edition to all, and most especially to under-graduates: it is a good basis on which to build up a more minute knowledge of our remedies. Taking it all in all it is the *best work extant for the fresh student.* S. A. JONES.

MICRO-PHOTOGRAPHS IN HISTOLOGY, NORMAL AND PATHOLOGICAL. By Carl Seiler, M. D., in conjunction with J. Gibbons Hunt, M. D., and Joseph G. Richardson, M. D., Philadelphia; J. H. Coates & Co., Publishers, 822 Chesnut street. Published Monthly. Price 60 cents per number, $6.00 per annum.

We regard the appearance of this work with singular pleasure, remembering, as we do, the time when microscopical literature was seldom found in our American book market. Twenty years ago there was not one Microscopical Society in America; to-day, there are some two score more or less actively engaged, and productive to a degree which is highly gratifying to every lover of science. To the novitiate in microscopy, and especially to the histologist, one source of damaging disapoint is the vast difference between a tissue as it appears in the field of his microscope, and a picture of a similar specimen as represented in some book. This difference has led many an one to relinquish a pursuit in which it seemed they met only failures. To such, these micro-photographs will prove invaluable, for while the artist selects and depicts only the telling points in a specimen, the actinic rays give all exactly as presented by the lens to the sensitive plate. As a consequence, the new student finds in the micro-photograph all that seeming *confusion* which, when seen in his painfully-prepared specimen and compared with the elaborate engraving led him into and chained him in the dungeon of Giant Despair.

Besides encouraging the beginner, this series of micro-photographs will also be a guide to him. They will thus enable

those who are remote from all special teachers to pursue practical histology with a degree of success commensurate with their natural qualifications and their energy, for it is not boy's play to become a practical histologist.

This series promises to be of especial value in that it will furnish standard specimens of abnormal products,and will thus enable the "country doctor" (for whom our heart is ever open) to determine many a point wherein he now consults some high-mightiness of the city; and, indeed, the said high-mightiness will find in this series many a bit of diagnostic knowledge that he will subsequently retail at a far higher price than it cost him.

But the excellence of this series is not confined to the "pictures" solely, the letter-press descriptions, are clear and instructive, *and* brief, a point of importance when *time is money*.

Dr. Seiler's micro-photographs are, on the whole, commendable. *Plate ii. Epithelioma of Lower Lip* is excellent. *Plate iii. Pavement Epithelium* lacks flatness of field in the lower three-fifths, but still is a graphic reproduction of nature. *Plate v. Elastic Connective Tissue* is the poorest of the series, but much of its defect is owing to the nature of the tissue.

On the whole, we consider this projected series as being the most important contribution for the furtherance of practical microscopical knowledge that has yet emanated from any press and we most earnestly recommend it to all of our readers.

We shall subscribe for it ourself, despite the groan from our anæmic pocket-book, and considering the *diathesis* of the pocket-book this is no mean testimonial to the excellence of the work.

We would beg the publisher to send out the parts in firm pasteboard cylinders, as these pictures must not be creased. The fact that ours are creased is the only feature we can really find fault with.

S. A. JONES.

American Observer.

EDWIN ALBERT LODGE, M. D, DETROIT, MICHIGAN, GENERAL EDITOR.

THE FAITH CURE.

"*The Prayer of Faith shall save the Sick*," James 5:15.

ANSWER TO PRAYER IN THE HEALING OF THE SICK.

CHARLES CULLIS, M. D., an estimable Homœopathic physician of Boston, relates the following in his Eleventh Annual Report of his Consumptives' Home:

Cases for prayer-cure are multiplying. Visitors come to me daily for this purpose, from all parts of the country, claiming the promise in James v. 14. Lately a lady called to report herself cured of a tumor, which had been pronounced incurable by several physicians. I prayed with her but once, some months since, and only now hear the result. All glory be to Him who hath promised that "the prayer of faith shall save the sick, and *the Lord* shall raise him up."

Oct. 17, 1874. I learn to-day that a young lady who came to me for loss of voice, found it restored at once.

Nov. 29. One who is trusting the Lord for healing of the body, sends her gold watch chain, worth twenty-five dollars, to be sold for the benefit of Faith Cure House, and writes: "My heart leaps for joy at the thought of sending it. I never was so glad in giving before. I know He will accept it. I hope it will sell well; at any rate, the Lord will bless the gift."

It will be remembered, that we mentioned in our last Report the difficulty of reaching those who live at a distance, and whom I have no time to visit, as only to be obviated by the opening of a house for the care of such cases. During the last year, I have received hundreds of letters from all parts of the country and Europe, asking me to pray for the writers or their loved ones. In many instances I have heard of entire recovery to health; I have also been besought to go to many. The latter is impossible, with my cares at home. To such I would say, that I cease not to ask of God daily the means to erect the needed building, where all who desire can be received in His name, and glorified in Him. Some who come desiring the prayer of faith, insist upon leaving small tokens of their gratitude; these I lay by exclusively for the purpose now mentioned,

and although no large amounts have accumulated, we feel they are the drops that portend the shower. His hand holds *all fullness* of blessing, and the times and seasons are His.

We dare not withhold the following testimonies to the power of God over the bodies and souls of His children. They are constrained by the love of Christ, and so are we "in all our ways to acknowledge Him." Therefore we give their own letters, as addressed to us, as we have also done in the Annual Report for two previous years.

PORTLAND, Dec. 16, 1874.

CHARLES CULLIS, M. D.,

Dear Brother,—Enclosed please find fifteen dollars, ($15.00), five from Mrs. E. McK——, ten from self. Please dispose five for the Consumptives' Home, five for the Faith Chapel, and five for your own use. My health, since I met you in your office, has been very much improved. Then I could neither read or write; now I am able to attend to business. To the prayer of faith I ascribe my recovery; to God be all the glory. May God continue to sustain you in your work.

Yours fraternally, F. W. McK.

One who in the last Report gives two accounts of healing, continues her jubilant record:

PORTLAND, Jan. 22, 1875.

DR. CULLIS:

I hope you will not think my long silence seems anything like lack of interest in the blessed work of faith. I wish I could in some way express the wonderful joy that fills my soul. I say wonderful, because I never knew anything like it before. I am so blessed, I have all I want and more. "My cup runneth over." My health is almost perfect. The dear Lord has let me work for Him this winter, and you don't know how much I thank Him. He lets me speak of His love everywhere I go, and sends me down to the very lowest, even to those who are kept by bolts and bars. O, how I praise Him, for this life given back to work for Him. I don't feel I can use it in any other way than for the glory of God. I have given myself in a sacred consecration to the Lord's work, such as I never knew before, and I am so sure that Jesus is able to keep all that I have given into His hands. I hope soon, if it is the Lord's will, to come to you, to help in any way as the Lord shall open for me. I have felt for a long time that the work called me, but the way has never been opened that I could leave my home. I stand before the Lord to be used for His service. Please accept my mite for the Faith Cure House. I am still praying for it. God bless you in all your work, and may all your need be met in the fullness of the love of Jesus.

Yours in Him, A. C. L.

BOSTON, August 10, 1875.

DR. CULLIS:

More than three years ago I called upon you, to prescribe for a tumor which gave me great anxiety; you gave the medicine with the advice, "just trust" myself "to Jesus." Months later, calling on the same errand, you quoted that passage in James, "Is any sick among you," &c. I replied, that I had thought much about that promise, but with the thought always arose arose the query. "Where are the elders of the church who take God at His word in this matter?" You answered, "When you are ready to trust the Lord for healing, come in and I will pray with you." I felt I could trust Him then, and expressing my faith in his power and willingness, you prayed with me. "My heart trusted in Him, and I was helped." The tumor disappeared gradually until entirely gone. Great as was the physical blessing, the blessing that came into my heart was greater. It was rest and peace in Him who has promised and is able to perform. I rejoice to acknowledge the goodness of the Most High.

Gratefully yours, S. M. B.

The following was a case of spinal curvature:

DEAR DR. CULLIS:

About the really wonderful way in which my life was relieved of its wearing burden of ache and pain, I wish I could say something that would give a more definite idea of the directness of the answer, whereby the tender mercy of our God visited me with healing. I will send a few of the notes jotted down at your request.

June 15. Saturday. Called at Dr. Cullis' office on my way from the railroad station to Brookline, Mass. I spoke of the feeble state of my health, and the probability that I could not walk much longer. Dr. C. said, that where restoration was not immediate, it was owing, as far as his experience went, to want of faith in the patient. I answered, so it is my faith needs healing as well as my body. Dr. C. said, Yes, and prayed with me. The carriage was waiting during my hurried call. I did not enter into minute detail. From various causes I was very busy, and had no thought of an immediate answer. Driving to Winter street, I felt a slight movement in the bony framework, even before I reached the store. This became more marked on return to the carriage. As I went along, this became quite wonderful. The impression almost eludes words to convey, but it seemed like a limitless power applied to the whole frame, gradually and with a gentleness as limitless; this last was so marked as to be very touching. Through the whole I was as passive and helpless as a child in the arms of its mother. The power produced a movement in the bony framework. It affected the shoulders very much, passed down the vertebræ of the neck and back to the hips, and along the ribs, restoring them somewhat to their proper position. Strangely, as if spoken,

the words came to me,—According to your faith be it unto you,—and I thought how in times past I had really limited the healing power and application of faith, in looking for merely temporary alleviation, and not radical cure.

As I watched in glad wonder the movement, (a sort of twisting or kneading, though there is no word that would describe it adequately), as it passed along the ribs and spine, I recognized the tendency to restoration; but reaching a spot near the hips, it seemed as if something intervened, and the rationalizing way of thinking came to me: How can it extend further, &c. Then the whole stopped; after a short time it began again in the shoulders. I was not quite an hour on the drive, and was not excited, but mind and body were passive. I only thought, my traveling dress will have to be altered, though fitting very perfectly before this. It had to be altered soon after. My shoulders, which were thrown out, or rounded, were restored to their natural place.

Sunday. Alone in my chamber all the morning, the family being at church. I was reading when the movement extended to my hip returned, and lasted, on and off, until they came from church, or nearly two hours.

Tuesday. Returned to the city. At the close of the afternoon meeting at Dr. Cullis', I saw Dr. C. in his office for a few moments, and told him of this answer to his prayer of faith. I explained the chronic condition of the framework; how the proper position of the bones of the chest, spine and shoulders had been slowly displaced, &c., all of which was new to him. Not having the faintest idea of such radical cure, I had not cared to take up his time with such weary, hopeless details. Dr. C. thought the movement very remarkable, so much so that people would not believe it, and asked me to write it down.

In July had marked movements. My friend, who was with me, was alarmed at the apparent violence, yet they never occasioned pain to me, though sometimes exhaustion; the movement of the ribs was specially with those about the chest. The movements which were so violent, seemed to connect themselves with restoration of the right hip. Several times I was thrown to the floor without feeling it. The result was the return of my power to walk; for a long time I had not been able to do so without pain and aching, and extreme prostration of strength. Also in resting or sleeping, there was no position in which I was free from discomfort. I can now rest easily in almost any position.

Having attained this much, and so much more than I had really asked or thought, my faith has been inert as to positive and complete restoration; not, I think, from unbelief, but having attained so much greater degree of comfort than I ever hoped in this life, I have been pre-occupied with other things; though doubtless I could attend to these other things much better (and many others) if I claimed the fullness.

This was in June of 1872, the Jubilee year. My former physician had told me that I certainly should lose my power of walking within two years. As I say, I walk and move about with greater ease now and since that time, than for years previous.

Very sincerely yours, E. H. P.

LOWELL, August 3, 1875.

During last winter I heard that Dr. Cullis believed that persons could be healed by prayer, but I knew nothing of his own work in this way. Afterwards, visiting in Boston, and speaking of the interest that many of us felt in the account of such cures, but also that we had no belief in them apart from the effect of personal magnetism, my friend proposed that I should call upon Dr. Cullis, as he lived close by, and could then be found at his office.

After a few moments' conversation, Dr. C. remarked that Christ was as ready to heal now as when He was upon the earth. Instantly it flashed upon me, that I would see if prayer could have any effect in my case. I think at this time it was only a matter of curiosity. Very early in childhood, I was seized with a nervous trouble, something like St. Vitus's Dance. As I grew older it did not pass off, but settled into a disease of the muscles. It became a terrible affliction. It was usually under my control, but I could not endure protracted work of any kind or unusual fatigue. I had consulted, in various cities, the best physicians, but they pronounced it incurable. All that could be done, was to be careful of overwork and excitement. It must have been twenty-five years since I was first taken.

I gave Dr. Cullis some account of this. He asked if I could give my body to the Lord to be healed. I felt that I could truly say 'Yes.' He then simply prayed that the Lord would restore strength of nerve and muscle. I went home touched and impressed by the comforting words, but in a day or two the idea seemed absurd, and I received no impression of any change. But at the end of the week, I was startled at the recollection that I had felt hardly anything of my trouble. My nerves began to feel as if they were held with a grasp of iron. The muscles refused to move as before at every inclination. For two weeks this painful tension lasted. Then I felt a gradual relaxation, and found that I was strong like other people. I tested myself in the severest way,—walked, wrote and lifted. After each exertion, I could enjoy perfect rest.

For a while, there was the fear that this trouble would return, but that has passed away. "Remember that you are healed," Dr. Cullis said, as I left him, and that assertion comes to me with force enough for a lifetime. And just another word. No one can pass through such an experience without believing that the hand of the Lord is in it. With this healing of the body came also a fresh realization of Christ's personal presence. I could almost feel the touch. The mystery of the miracles was explained to me. This power of God manifested in the past, is manifest to us still. Faith can grasp and use it. Close beside us stands a *living* Christ. R.

A lady from Brooklyn, N. Y., came to me some months ago for prayer-cure. She had a diseased hip, and had used crutches for twenty years. Often the hip joint would slip from its socket, so that it was impossible for her to walk without crutches. She now writes: "My lameness was incurable, and God interposed in my behalf, in answer to your prayer. I have been able to walk for five months, without the crutches I had used for over twenty years."

We do not insert these instances of the healing of the body, dear friends of Jesus, as in any degree paramount to the healing of the soul; but that, as the dear children of God, we may claim all our privileges, and enjoy the knowledge of our fullness of possession in Him who declares, "All things are yours." Shall we in any matter of smallest or largest import, limit the love and power of God, who deigneth out of the highest heaven to declare, "The Lord thinketh upon me?" As an earthly parent separates no part of the well-being of his child from his watchful care, so doth our heavenly Father not only "forgive all our iniquities," but "healeth all our diseases." Let us not confine faith's operation to the saving of the soul, while God's Word is full of precious promises for the saving, keeping and healing of the body. "For I will restore health unto thee, and I will heal thee of thy wounds, *saith the Lord.*"—Jer. xxx. 17.

NEC SCIRE FAS EST OMNIA.

This we no longer believe! How should we, when our very learned contemporary, the editor of the *Medical Advance,* is a living proof of the contrary! Has he not made a specialty of the eye, the ear, the horse, *et hoc genus omne?* He thinks that we "are less than half informed on his specialty," and what is more, *he proves it!* It is true that in so doing *he proves the same identical ignorance* on the part of our standard authors; but what of that? Is *he* not wise *above* what is written? Does he not know all about the "ora *serata*" (sic), the ciliary processes, and all that. Having for the last five or six years made a specialty of the eyes and *ears* (see below), he of course knows all about them. His intimate acquaintance with the "ciliary processes" shows that his beard is full grown, and since he has applied all the powers of his mind to the *horse,* his *ears* have also; at

least he has become decidedly *mulish*, if not *asanine*, and we shudder to think what, if the Darwinian theory be true, he will yet come to be

"Perhaps an elephantine frog,
Or else a long-tailed polliwog."

But seriously, brother W., what is it that has made you so venomous? Is it that we have not chosen, in the language of the good old English Bishops, "to hammer our wares upon your anvil," though solicited to do so? Or is it because, having studied and operated upon the eye for twenty years and more, we presumed to give our experience and views on a subject to which you would lay exclusive claim in your latitude? What is it you are driving at? Do you think the whole profession are such ignoramuses, that they are bound to believe your *ipse dixit* on all medical and surgical matters? One would think so, from your courteous tone to your confreres. It may possibly be that some of them know something of the anatomy and diseases of the eye, and of its literature, as well as yourself. Believing this to be the case, we do not propose to enter into any controversy with you on this or any other subject, being convinced that our time can be much better employed; but we hold ourselves prepared to support our assertions on all essential points by the standard authorities, whenever called in question by those whose opinions we respect, or whose manner of criticism is such as to merit respectful consideration at our hands.

C. P. H.

"HOME BITTERS," EH?

EDITOR OF OBSERVER:—In his notes of the "World's Homœopathic Congress," your correspondent "G." has fallen into several errors. Mentioning Dr. Clotar Muller, he says: "Our readers will remember that the venerable Dr. Muller is the oldest homœopathic practitioner living, he being the first disciple of Hahnemann."

The Dr. Muller meant is Moritz Wilhelm, the father of Clotar, and he has been in his grave over a quarter of a century, having died Sept. 24, 1849. He began to examine Homœopathy in 1819, and consequently is not "the first disciple of Hahnemann."

Dr. Moritz Wilhelm Muller, was born in 1784, and "G." has deemed Dr. Clotar a sprightly old fellow of 92 years!

Dr. Skinner, of Liverpool, was not "a delegate," and Dr. Sharp, of Rugby, did *not* "read" a paper, being some three thousand miles away.

I once got severely "mixed" in Philadelphia through drinking "Home Bitters" with a distinguished Editor; so I know what's the matter with "G." CARL MULLER.

SEPTEMBER.

O golden month! How high thy gold is heaped!
The yellow birch-leaves shine like bright coins strung
On wands; the chesnut's yellow pennons tongue
To every wind its harvest challenge. Steeped
In yellow still lie fields where wheat was reaped;
And yellow still the corn sheaves stacked among
The yellow gourds, which from the earth have wrung
Her utmost gold. To highest boughs hath leaped
The purple grape,—last thing to ripen,—late
By very reason of its precious cost.
Oh, Heart, remember, vintages are lost
If grapes do not for freezing night-dews wait;
Think, while thou sun'st thyself in Joy's estate,
Mayhap thou canst not ripen without frost!

—H. H., *in September Atlantic.*

JULY, 1876, THE HOTTEST MONTH FOR SIXTY YEARS.—The New York *Sun* of August 9th, says: According to records carefully kept of a trustworthy instrument hanging in a shady place, and not exposed to reflected heat, the month just closed was the hottest we have had in New York for nearly sixty years. The mean indicated was 80.18 degrees. The nearest approach to it was in 1866. It was then 78.70 —1.41 degrees lower. The lowest mean since 1845 was in 1867, which was 72.33 degrees—a difference of 7.85 degrees. Until the 22d ult. the mean temperature was above 80 degrees, except on the 1st, 6th and 16th, and was above 70 degrees till the 30th. On the 9th the maximum was 100 degrees, and on the 24th the minimum was 61 degrees, a range of 39 degrees. Rain fell on thirteen days. On the 30th and 31st 2.45 inches. Heavy showers fell on the 11th—in all 2.9 inches. The mean temperature for twenty-one years (1855 '75) was 74.64 degrees; last month was 5.54 warmer. The mean in this city for forty-three years is 53.14 degrees.

ADMINISTERING DRUGS SECRETLY—PENALTY THEREFOR.

"Law for the People," published at Ypsilanti, Mich., says: An interesting case is reported in the Law and Equity Reporter, being that of Commonwealth v. Stratton, decided by the Supreme Judicial Court of Massachusetts.

A fast young man of the Bay State, called upon a couple of charming young ladies, and during the call offered them some figs, which they ate, the ladies having no reason to suppose they contained any foreign substance; a few hours after, both young ladies were taken sick, and suffered considerable pain for some hours, the young man in question having introduced in the figs some substance which he had procured under the name of "love powders" which were represented by the person of whom he procured them, to be perfectly harmless. The young man was indicted and convicted for simple assault, the conviction being sustainad by the Supreme Judicial Court of Massachusetts, who held that it is an assault and battery to administer deleterious drugs secretly, though they were supposed to be harmless.

Sec. 7536 of the compiled laws of the State of Michigan, reads as follows: "If any person, shall mingle any poison with any food, drink or medicines, with intent to kill or injure any other person, or shall willfully poison any spring, well, or reservoir of water with such intent, he shall be punished by imprisonment in the State's prison for life, or any term of years."

Under this statute Delos Carmichael was convicted in the Hillsdale Circuit for having administered cantharides, a poisonous substance, to a lady, for the purpose of exciting her passions; and the conviction sustained by the Supreme Court, (People v. Carmichael, 5 Mich. 10).

The Supreme Court also sustained the conviction of one John Adwards, under this law, for having mingled with the drink of one Robert Mothersell, a small quantity of morphine, with the intention of putting him to sleep so that he might rob him. The penalty is not more severe than it should be, for the manner of assault is such, that one cannot well guard against it, and it is hoped that the publication of this statute, and these decisions will have a salutory effect on any young man, who is contemplating "gaining the affections" of the girls by the use of extensively advertised "love powders."

"DOMESTIC MEDICINE."*

EDITOR HAHNEMANNIAN MONTHLY—*Dear Sir*—The editor of the *American Journal of Homœopathic Materia Medica*, in an article in the June number, page 395, opposes most strenuously the "domestic phy-

*Hahnemannian Monthly, August, 1876.

sician" of the present day, and sighs for "ye olden time" when the priest and physician were looked up to with awe and veneration by the ignorant laity who worshiped, or at least reverenced, the man more on account of the mysteries appertaining to his profession than the knowledge or worth of the Æsculapian pretender.

The days of obscurity are fast passing away, and the generation of the nineteenth century is not to be hoodwinked by priestcraft or quackery. Intelligent men and women are acquiring more or less familiarity with medical matters. What housekeeper of allopathic procilvities would think her home complete without her drug closet, stowing away in some convenient corner bottles of castor oil, magnesia, etc.? This same lady when convinced of the efficacy of homœopathy, and observing with delight the speedily curative power of "sugar pills," at once determines to possess a homœpathic medicine-case. That these domestic cases and their accompanying manuals are in some instances too much relied on, is doubtless a fact, and it may be true that many of their owners depending upon the little knowledge thus obtained, attempt to handle a disease which through maltreatment soon assumes the mastery, and the educated practitioner is called in as a last resort. But these self-confident laymen are the exception, not the rule, and they are not more prone to the use of domestic homœopathic medicine than are those of the other school to fly in cases of emergency to the use or abuse of strong drugs. Now who of our profession would not rather have his ministrations preceded by a poorly selected homœopathic preparation, in which the curative quality alone was retained, than find the patient prostrated and the disease complicated by the action of some powerful drug, administered hastily a person ignorant of its strength or use.

The profession is at fault for countenancing the too frequent consultation of the "box and book." Let the non professional keep the "case," and make use of it as intelligently as the little knowledge obtained from domestic manuals will permit, *when away from home or out of reach of his physician, but let him use preferably the lower attenuations, such as the 3d or 4th.*

At the present time when the drug markets are glutted with nostrums, warranted to cure all ills, the composition of which is unknown to medical men, is it wise to deprive the people of that which we know to be harmless, and may and often does prove curative in the most unskilful hands? The people will have and take the domestic medicines, and this being the case, let them take such as are almost powerless for evil and yet all powerful for good; and let us give them all the light possible to guide them to their proper use, and not long for the return of the days when the doctor held his position solely through the ignorance of the laity.

WILLIAM JEFFERSON GUERNSEY, M. D.

THE TIMBROMETER.

By Ernest Houston Forjett, Resident Physician to the Fever House, Royal Infirmary, Edinburgh.

Most practitioners must have experienced the difficulty of mapping out organs accurately by percussion in cases accompanied by pain, and where the necessary examination might imperil the patient.

The idea occurred to me some time ago of substituting for the rougher method of percussion the auscultation of musical vibration. For this purpose two instruments have been designed by me. They consist—first, of an ordinary differential stethoscope with one oblong chest-piece—to fit into the intercostal spaces—the whole made sufficiently stiff to be held *in situ* by the mere pressure of the head; secondly, of a piece of flexible steel, bent as a bow, and held tense by catgut. The mode of working is as follows: Place the stethoscope over the organ to be examined—say the liver; then take the bow in the left hand, and, placing it with either of its extremities firmly upon the skin over or against the organ, begin to twang the catgut with the right hand, moving the instrument toward the organ under examination. The *rationale* is, that solids give a clear musical note, and cavities and organs containing air give a dull note. Hence the passage of the instrument from the one organ to the other will be indicated by a distinct change in the character of the note. The outline of the various organs can by this method be accurately defined and determined without the patient experiencing the slightest inconvenience or pain.

The benefits to be derived from this instrument being introduced into practice are the following:

1. Indurations, abscesses, and cavities can be detected if present in any one of the organs, according as the note is changed in passing over that given organ.

2. An organ so difficult to define as the kidney can with facility and exactness be mapped out, both in health and disease, even to the direction and form of its pelvis.

3. Considerable difficulty is sometimes experienced in distinguishing by the ordinary mode of percussion between the cardiac and hepatic dullness; but by the process we are describing the difference can be detected with absolute accuracy. The heart, spleen, liver, kidney, and lungs give their own musical vibrations; the dissimilarity between each can by practice be easily discerned and distinguished. Hence, when the respective notes are once committed to memory, the limits of each organ can be defined, even in cases of extreme displacement and overlapping.

4. The heart can be mapped out according to its four compartments. The cardiac musical vibration changes in degree as we pass from the right auricle to the right ventricle, and from the left auricle to the left ventricle, and also between the right and left sides.

5. But it is in cases where it is expedient not only to define the limits, but also the existence of an aneurism, that this instrument is most valuable.

The instrument can be had of Mr. A. Young, surgical instrument maker, 58 North Bridge, Edinburgh.—*Medical Times and Gazette.*

DATTA'S HOMŒOPATHIC SERIES.*

There is ground for believing that the Hindoos, long before our forefathers knew so much as the names of Galen and Hippocrates, had cultivated medicine, and even anatomy, both theoretically and practically, with no contemptible success. At a later period, it is known that they borrowed new hints, as regards the healing art, from the Arabs; just as they supplemented, by derivations from the same source, their indigenous astronomy. Nor have they stopped there. European physicians, ever since they first appeared in India, have been treated with marked respect and confidence by its natives, many among whom have, further, won distinction as practitioners of the old English school.

In the fulness of time, Homœopathy has been laid under contribution to enlighten the wisdom of the East, in due sequence to its enlightening the unwisdom of the West. It is with no little satisfaction that we announce the receipt of the first number of *Datta's Homœopathic Series*, published in January last. Its author is Babu Vasantakumara Datta, of Calcutta. In thirty-two pages he has begun with giving, in the Bengalee language and character, a very full account, compiled from the most trustworthy authorities, of the properties and uses of *Arnica*, *Ipecacuanha* and *Aconite*. He has set out well and deserves every encouragement.

Two recommendatory letters, by Babus Rajendra Datta and Harischandra Sarma, gentlemen whose good word is no little set by at Calcutta, lead us, with the pages before us, to augur that Babu Vasantakumara Datta will do good service to our cause. We wish him all speed.

We may add that, as his motto, he subjoins to *Simila similibus curantur* a terse Sanskrit translation thereof, *Samah samam samayati*, 'Like subdues like.' F. H.

To Open an Abcess Without Pain.—Dr. Bergonzini reports, in the *Rivista Clin. de Bologna*, that if the following solution be applied to the skin over an abcess for three to five minutes, an incision may be made into it without pain: Carbolic acid, two parts; glycerine, one part.

*Homœopathic World.

DETROIT INSTITUTE OF HOMŒOPATHY.

MEETING MAY 29, 1876.

A special meeting was called, at the office of Dr. Woodruff, to consider the petition being circulated by Dr. E. R. Ellis. The meeting being for a special subject, there was no scientific discussion, but an earnest disclaimer for any responsibility for the paper, was entered on the minutes.

MEETING JUNE 12, 1876.

Meeting at Dr. Hastings' office. A quorum being present, the President called the meeting to order at the appointed time.

The minutes of the previous meeting were then read and approved. A motion being made to adopt the resolution of Dr. Hastings on scarlatina, its nature, cause, and necessity for isolation in the treatment.

Dr. Woodruff said he did not approve of even placarding houses for *small-pox;* thought the same reasons given would oblige us to placard houses for diptheria. Objected to basing our action upon English mortuary reports. Does not believe scarlatina is as contagious as diphtheria or typhoid fever. Thought popular excitement went far toward increasing the extension of epidemics.

Dr. Drake agreed with Dr. Woodruff on the futility and injuriousness of placarding houses. Thought the physicians had that matter in their own hands.

Dr. Allen understood that each physician would be obliged to attach their name to the petition to the Council, and thought they would not be willing to do so. The greatest practical objection would be, that we already have a law calling for what is proposed in the paper.

Dr. Hastings: The resolution is not a question of treatment, but a question of facts; viz: that four times as many people die from scarlatina as there do from small-pox.

Dr. Woodruff reiterated his former remarks, and thought there were other diseases far more contagious than scarlatina.

Dr. Gilchrist objected to the reception of English statistics, as the hygienic influences were more favorable to fatal results than ours.

Dr. Gorton did not believe that scarlatina was contagious, but that it was epidemic; at least not contagious in the same sense as variola.

Dr. Spinney spoke of the prophylactic of scarlet fever being Belladonna; considered scarlatina much more fatal than variola; considered the disease infectious in proportion to its virulence.

Dr. Gilchrist referred to the epidemic of a year ago in Warren County, Penna., in which the earlier cases occurred in opposite extremities of the county, when there could be no communication.

Dr. Spinney corroborated Dr. Gilchrist from similar experience in the same locality.

Dr. Woodruff made a similar statement.

Dr. Ellis coincided with Dr. Hastings; advocated that if scarlet fever became prevalent, the application to the authorities. Thought the disease was eminently contagious, but did not agree with him as to the fatality.

Dr. Drake objected to the English reports as being a report of mortality, not a per-centage report.

Dr. Hastings, in closing the debate, believed that we had scarlatina as much in our control as any other preventible disease. Has been surprised to-night to hear the contagiousness of scarlatina questioned. He hoped the resolutions would be adopted.

A vote being taken, the resolution was lost, by a vote of five to two.

The essayist, Dr. Ellis, then read a paper upon *Variola*, considering the origin of small-pox, referring to the time-honored belief in the dual nature of man; the natural and immaterial. Quoted Hahnemann's idea of immaterial purterbations being the ultimate cause of disease. The paper took a wide range, and included etiology, pathology, and diagnosis. His experience led him to believe that the disease was not an exceedingly fatal one. Objected seriously to removing patients from their own houses to a small-pox hospital—cases occurring in boarding houses, had better be removed to hospitals. The paper concluded with a consideration of prophylaxis by vaccination, *Tart. Em*, which he finds efficacious in large doses—and Sulphate of *Zinc* and *Digitalis* in combination.

On motion the report was accepted with thanks.

Dr. Gorton expressed himself much pleased with the paper, and was at a loss to know how to criticise it. He asked the society for

their experience in carrying the disease from one to another. He has never taken any precautions, except washing his hands, when he had touched the patient.

Dr. Woodruff referred to the use of *Zinc Met.* as a prophylactic—citing cases in which the remedy had much modified the disease.

Dr. Spinney asked whether persons who do not "take" vaccination can contract the disease?

Drs. Woodruff and *Allen* thought they could, and cited cases.

Dr. Ellis knew of cases, where even without vaccination, there seemed to be an impossibility of contracting the disease.

The discussion was continued to the next meeting.

On motion, Dr. Woodruff was appointed to examine the pest house, and report, if possible, the reasons for the great mortality there.

On motion, the President, Vice President, and Secretary, were constituted a "*Committee on University.*"

On motion, the next meeting was called to meet at Dr. Lodge's office, July 10th.

In the absence of the Vice President, Dr. W. R. Gorton was appointed to take his place on the University Committee.

Under the proper head, the chair appointed Dr. Gilchrist essayist. Subject, the "*Nature of Disease.*"

Under a suspension of the rules, Dr. A. B. Spinney being proposed for membership, a ballot was ordered, and he was declared elected.

Adjourned.

MEETING JULY 10, 1876.

Meeting called to order at 8:30 by the President, Dr. Hastings—a quorum being present. The minutes of last meeting read and approved. Scribe's report read and accepted.

In continuance of the discussion on Dr. Ellis' paper, the essayist referred to the ill effects that occasionally follow vaccination. Particularizing erysipleas, or a condition similar to dissecting wounds. He asked the opinion of members as to the cause of this condition. The doctor thought the causes were various: 1st, a peculiar disposition to such disease; 2d, that it might be owing to septic influences, owing to the nature of the scab.

Dr. Spranger: Never uses the scab from an adult, on account of the doubt as to the condition of the patient. Vaccination, according to Hartshorne, "brings out or developes any latent dyscrasia." In Germany vaccination is effected from the pure lymph; fresh pustuli, before the lymph has assumed the form of pus. Considers that the nearer the virus approaches the cow pock the better, to avoid infection.

Dr. Gorton: Has had little difficulty in vaccination. Has always used humanized virus, but uses the fresh crust, at least not more than a month old in warm weather. Does not like to have a crust more than three removes from the cow.

Dr. Gilchrist: Thought the cause was septic. A dead cell cannot propagate itself. The remedies often indicated in such cases are *Ars.*, *Arn.*, *Kreas*, or *Carbol. Ac.*, with a preference for Arnica.

Dr. Miller: Uses cow-pox virus, and always gives Sulphur when the vaccine disease shows itself. Has never had any trouble.

Dr. Lodge Related some items of experience in relation to vaccination. As to the use of the lymph from the unbroken pustule, found that it had exhibited efficacy in cases that had previously resisted the disease. Prefers the cow-pox virus, and would not use vaccine more than two removes from the cow. Does not look for bad results when the scab is fresh.

Dr. Hastings: Has never had any bad results follow vaccination in a practice of over thirty-five years.

In answer to a question, Dr. Lodge stated that the best way to keep the matter in good condition, is to keep it in vials, or excluded from the air.

Dr. Gilchrist then read an essay upon the *Treatment of Cataract*, and argued their curability by remedies. A number of cases were referred to in his own practice, as well as of others.

A vote of thanks was then tendered to the doctor for his paper, and the subject was continued for discussion at the next meeting.

Dr. Gorton appointed essayist.

On motion, the Society accepted the invitation of Dr. F. X. Spranger to meet at his office in August.

Dr. Bailey, Committee on Pharmacies, reported progress and asked further time, which was granted.

Adjourned.

MEETING AUGUST 14, 1876.

Meeting at the office of Dr. Spranger; called to order by the President, Dr. Hastings, at 8:30, a quorum being present. The Secretary being absent, the minutes were not read. Dr. Drake was elected Secretary pro tem. The Scribe's abstract was read and accepted. There were no nominations. No unfinished business.

Dr. Spranger, in alluding to the paper of Dr. Gilchrist, called for an expression of opinion as to the use of Atropine in the practice of ophthalmology.

Dr. Hastings asked for information, as to the age of the patient cured, remedies used, and the character of the cataract.

Dr. Gilchrist announced, that the use of Atropine is objected to because: 1st, it causes congestion of retina, and thus favors effusion. 2d. Produces posterior synechia, with a result of permanent dilation of the pupil. 3d. Induces paralysis of motor nerves. The result of his cases were: 46 cases, 3 were treated; remedies, *Sulph. Magn C. Sil.*; in these cases one case failed; 4 cases operated upon with Atropine, 2 failed; 38 without atropine, result, 32 cured.

Dr. Ellis wished to know how the lens was extracted without dilating the pupil, as a strong light tends to close the pupil.

Dr. Gilchrist announced a *strong* light was not needed, and was to be deprecated.

Dr. Drake had a dilation of the pupil lasting two weeks after using Atropine. Then had pterygium, which was cured with *Euph.* Has now trouble with his eye when tired.

Dr. Hastings has used Atropine frequently and can trace no ill-effects to it.

Dr. Spranger thought the remedy was of great value in case of iritis to prevent synechia. Saw a case in which one pupil was permanently contracted and the other dilated, in spite of the free use of Atropine.

The discussion was then closed.

Dr. Gorton then read an interesting report of an ulcer cured by *Ars.* 200. The case was one that had resisted heroic treatment for nine months, and then closed. Reappeared again in a short time, and

five ulcers were formed. They healed in seven weeks under the use of *Ars.* with an interruption of Sulphur for a few days.

Dr. Gilchrist endorsed the treatment of Dr. Gorton heartily. Has had a large experience in treating ulcers, and relies entirely upon internal medication.

Dr. Allen expressed himself much pleased with the paper. He related his experience in treating ulcers, and has come to the conclusion that internal treatment is alone to be relied upon. He gave a number of cases. He closed by offering a vote of thanks to the essayist for his valuable paper, which prevailed.

A desultory discussion then followed on the methods of treatment, participated in by all the gentlemen present.

On motion, the Society decided to meet at Dr. Gorton's in September.

Dr. *Allen* related a case of skin disease, asking for a diagnosis. The members all "gave it up."

Dr. Allen appointed Essayist, and Dr. Bailey as alternate.

A communication was then received from Dr. Ellis, presenting his resignation and requesting its immediate acceptance.

On motion, the communication was laid over until the next meeting.

On motion, adjourned.

HAYES FEVER.—The witty editor of the *Advance* says: A prognostication of an epidemic sure to come is now within our power. The prevailing disease of the coming season will be *Hayes Fever.* Any successful treatment of it will be thankfully received by the Democratic party.

SYPHILIS.—Dr. Alfred Fournier, the great European syphilographer, says, "that syphilis is increasing in Paris." Apparently legislation there fails to stop its ravages.

"CANNOT PAY NOW—AM GOING TO THE CENTENNIAL."—What an excuse! If a person cannot go to the Centennial at his own expense he had better stay at home.

GOOD.—The *Index* will not admit any quack advertisements to its columns.

FÆCAL.—*Segur* says: Diarrheal diseases are filth diseases—fæcal diseases; remove the filth and fæces, and they are prevented.

ETHER.—The *Boston Journal,* July 27th, reports a case of death from ether, occurring in the practice of Dr. A. D. Sinclair.

NECROLOGICAL.

CLEVELAND.—Dr. W. L. Cleveland, of Atlanta, Georgia, one of the ablest homœpathic physicians in the South, died on the 20th of May last. The Doctor was devoted to his profession and was able to work in the harness almost until the last. N.

GARRETTSON.—Jesse Garrettson, M. D., of Cincinnati, departed this life on 31st July last, aged 66. We remember with much pleasure the Doctor as a fellow student in Cincinnati twenty-eight years ago. He was always present, always attentive, ready with correct answers and graduated with honor. Such a student makes a good ghysician, respected by his colleagues, as well at honored and loved by his patients.

PERSONAL.

COWPERTHWAIT.—Dr. A. C. Cowperthwait, of Nebraska City, has had conferred upon him the title of *Doctor of Philosophy*, by the Central University of Iowa. He deserves the distinction.

MCCLELLAND—We are much gratified to learn that Dr. J. H. McClelland, of Pittsburgh, has accepted the Chair of Principles of Surgery and Clinical Surgery in the Hahnemann Medical College of Philadelphia.

DETROIT REVIEW OF MEDICINE AND PHARMACY of September says: D. A. Gorton, M. D., an able homœopathist, in a medical work on medical philosophy, 1875, says that: "sulphur is efficacious in obstinate contumacy, and in sin original or acquired; chamomile, in a fretful, peevish disposition; belladonna, in certain forms of temper diseses; hyoscyamus, in jealousy; nux vomica, in maliciousness, and stramonium in cowardice."

NOTICES, ETC.

NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR.—Report for the months of May, June, July and August 1876: Number of prescriptions, May, 2,899; June, 2,587: July, 2,024; August, 2,458; number of new patients, May, 350; June, 224; July, 259; August, 357; number of patients resident in the hospital, May, 35; June, 31; July, 25; August, 22; average daily attendance, May, 112; June, 103; July, 81; August, 91; largest daily attendance, May, 171; June, 147; July, 123; August, 134.

ALFRED WANSTALL, M. D. Resident Surgeon.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—The twenty-fifth annual meeting will be held in BUFFALO, on TUESDAY, *October 10th, 1876.*

A most interesting meeting may be expected, as valuable professional papers will be presented.

Delegates from sister Societies are *earnestly* and *cordially* invited to be present. ALFRED K. HILLS, M. D., Recording Secretary.

Volume II N. S. Transactions is now ready for delivery, and will be sent *postpaid* upon receipt of $2 by Messrs. Weed, Parsons & Co., Albany.

Materia Medica.

PROF. S. A. JONES, ANN ARBOR, MICHIGAN, EDITOR.

BELLADONNA.

LECTURE BY PROF. T. S. HOYNE, CHICAGO, ILL.

In that condition of the brain known as hyperæmia, Belladonna is of service, when it is accompanied by heat and redness of the face, dilated pupils, and uneasiness, the patient changing frequently from one place to another. The symptoms are all aggravated by noise, light, motion, leaning the head forward, and in a recumbent posture. It is useful also in acute hydrocephalus, coming on suddenly, with heat and redness of the face; weeping and moaning; rolling and squinting of the eyes; frequent starting and jerking of the limbs and involuntary discharges of urine.

Dr. M. B. Jackson reports two cases (1.2) of congenital hydrocephalus cured with Bell. 900. 1st case, head enlarged, fontanels open, eyes turned inward, the pupils dilated, and the child had an idiotic look. In second case, frontal, sagittal and coronal sutures open, eyes turned inward toward the nose, pupils enormously dilated.

Dr. Dulac relates (Case 3), that a young lady was taken suddenly without any cause with restlessness and a desire to throw herself from the window. She answered rationally all questions; color of the face was heightened; eyes looked exceedingly bright and animated; pulse normal, Belladonna 200, one dose cured.

Case (4) of religious insanity. Mr. D., æt. 23, nervo-sanguine temperament, during religious excitement, nine years ago, he abandoned all business affairs, took little food, and was for two weeks without sleep. Bell. 200, and Coff. 200, cured.—L. B. Wells, M. D.

Case (5). Patient aged 6, had the measles for three days. Has now fright, wild delirium; sees visions; talks; tosses about; has not slept for three nights; springs up in bed; great prostration. Rhus. 3 every two hours. Afternoon better, evening worse. Furious delirium, rage, strikes; his father could scarcely hold him, and shortly he went into a spasm. Bell. 200, and in half an hour the child slept. Better next day. —Dr. J. R. Temple.

Belladonna is a very important remedy in the treatment of cerebro-spinal meningitis, especially the first stage. The symptoms are, headache in paroxysms as if the brain would burst, aggravated by moving the eyes, by shaking the head, when lying down, by light and by noise; relieved by compressing the head with the hands. Delirium, heat and redness of the face; contraction or dilatation of the pupils; double vision; convulsions, especially of the arms; rigidity with bending the body and head backward or to the left side; right side principally affected; moaning and screaming.

Dr. Lilienthal advises it in sunstroke where there is dullness of the brain, congestion of blood to the brain with whizzing in the ears, distensive headache as if the contents were about to protrude, with aggravation when stooping, great anguish, tearful disposition and cries; paroxysm of dyspnœa with anguish, constipation as from inertia of the intestines.

Case (6.) Dr. S. E. Adams reports a case of hydrophobia. The husband was bitten by a mad dog six years before and died. The wife had had coition with her husband every night until the fifth day of his illness. She looked wild and haggard; complained of sore throat, inability to swallow, burning pain in stomach, difficulty in breathing and giddiness; pulse rapid, not strong; pupils dilated; throat red and shining; manner nervous and hurried. Prescribed Bell. and Arsenicum. In the evening I found her holding fast to the bed, "to keep from flying out through the top of the house." Gave Bell. 1st every two hours

for three days, after which I gave the 3d. The first three days patient seemed to grow worse. On the 4th day gave Lach. and Cedron, but lost ground, and again gave Bell. On the 6th night she had the first sleep since her illness.

The first acute affection in which I used the 200 attenuation was inflammation of the brain (Case 7), occurring in my youngest sister, at that time seven months old. Symptoms were, high fever, pulse quick and irregular; red and hot face; dilated pupils; respiration increased in frequency; bowels loose; constant moaning day and night. Bell. 200 was given, and an improvement was noticed in two hours, the child sleeping at the end of that time for a half hour or longer. In 48 hours the child was well.

Dr. Raue mentions a somewhat similar case, (8) although the symptoms were more numerous and more severe, in which Bell. 45 caused a perceptible improvement in four hours.

In sanguineous apoplexy, Belladonna is strongly indicated for loss of consciousness, sight, smell and speech; heat and redness of the face; pupils greatly dilated; difficult deglutition with partial paralysis of the tongue; paralysis of the limbs, one side or both; moaning, coma or sopor; involuntary emissions of stool or urine.

"Belladonna," says Dr. Searle, "is one of the two main remedies that produce a sensation of cold in the brain. Calc. is its cogener here, and Phos. has a similar condition less plainly marked. In Belladonna this sensation is located in the centre of the forehead or temples, while under Calc. it is more generally diffused; under Phos. the location is in the occiput or left side of the head.

This drug often proves beneficial in erysipelas of the scalp, especially when of the smooth, shining variety, *and located on the right side, with much burning and itching.*

This remedy is always thought of in headaches. The characteristic indications for its use are: headache only above

the eyes; headache obliging him to close his eyes; headache ameliorated by pressure; throbbing headache, with violent throbbing of carotids; headache worse when leaning forward, better when leaning backwards; headache over the eyes, relieved by strong pressure, increased during motion, relieved by sitting up—eyes close involuntarily—annoying pulsation of the arteries of the brain when lying down.

It cures nervous sick headache, when the pain is one sided, usually on the right side; throbbing headache with violent throbbing of the carotids; vertigo; red face and eyes; aggravation at night, on lying down and from motion, noise and light.

Case 9. Pain was intense, coming in paroxysms, with vomiting and great sensitiveness of the whole nervous system. Bell. 2.000 relieved in an hour and a half.—*Dr. W. H. Holcombe.*

Case 10. Pain in forehead, with sense of pressure, fullness, vertigo, drowsiness, nausea; eyes red and glistening; head felt large. Had this headache for a year or more, with intervals of two or three weeks. Aggravated by stooping, noise, heat, motion, looking at shining or glistening objects. Ameliorated by pressure, lying down, leaning the head against something, quietude, Bell. 200. Cured.—*Dr. T. D. Stowe.*

Case 11. Bell. 30 cured a twitching pain in the left side of the head, over the parietal bone, with soreness when touched, coming suddenly so severe as to cause him to jerk his head downwards, close the left eye and wince. These motions were involuntary.—*Dr. W. J. Blakely.*

Case 12. Miss W. has suffered for years with a headache which comes on every day suddenly, lasts three or four hours, and suddenly disappears. Is aggravated by motion, noise, light and during the menses. The pain is located over the right eye. Has been treated homœopathically for three years without benefit. Has taken Bell., Bry., Nux, Puls., etc., in the lower patencies. Bell. 200, one dose per day, cured in one week.—*Dr. T. S. Hoyne.*

Case 13. A., aged 30. Neuralgia for two years past; daily attacks from 2 to 8 or 9 P. M.; right side of head with more or less pain, extending down the back; sensation of weight in right side, inclining the head to that side; pains hammering, at times stitching; feeling of fullness in head, worse from moving the eye (right), and from pressure; sensitiveness to contact. Bell. 4^{m} (F) one dose, cured.—*Dr. Goodno.*

For inflammation of the eyelids, Bell. is invaluable when the inside of the right eyelid is principally involved, is painful and swollen like erysipelas, and is accompanied with photophobia and lachrymation. Also for inflammation of the lachrymal duct with somewhat similar symptoms.

Case 14. Mrs. A. had a tumor in the inner canthus of both eyes, with constant flow of tears. Tumors soon subsided and pus was discharged profusely through the puncta, never through the nose. Now there are intolerance of light, profuse lachrymation, edges of the lids inflamed and agglutinated; morning and evening a gritty sensation in lids; aggravation in the evening. Bell. 6 cured in a month, the tears flowing through the canal. —*Dr. Gilchrist.*

This drug proves curative in conjunctivitis, particularly of the right eye, with photophobia. Concomitants: aching and throbbing pain in the eye, contracted pupil, lachrymation or dryness of the eyes; spasms of the lids; sleeplessness.

Dr. Page recommends Bell. in syndesmitis exanthematica for high grade of congestion and photophobia. An acute case of trachoma was successfully treated with Bell., followed by Sulph. This drug proves curative in herpes corneæ in children, even after pimples have formed with pain, photophobia and dacryorrhœa. It is serviceable in iritis of the traumatic variety. In syphilitic iritis, according to Berjeau, should the contraction of the pupil not yield to the apparently well chosen remedy, and is often imperatively necessary in neglected cases, when the pupil has almost closed. Also in choroiditis for persons

(especially women and children) inclined to cerebral congestion and inflammation, with predominant nerve-erethismus.

Occasionally Bell. is of benefit in scrofulous ophthalmia with heat and redness of the eyes, scalding acrid tears and intolerance of light.

Dr. Raue advises its employment in cataract, after an acute inflammation of the eye.

Triplopia (Case 15). Sees a second dim representation of the object on each side of it; from the candle proceed rays of the same color as the flame, and outside the rays there is a variegated halo, the inner circle being green, the middle red and the outer white; when walking he sees a round black ball hovering, a little larger than a pea. All this he sees before his left eye. Bell. 3^{m}, one dose, cured.—*Dr. E. W. Berridge.*

In amblyopia, when the sclerotic coat is congested and there is a fiery redness of the eyes, this drug proves curative. Amaurosis which is developed in consequence of suppressing the eruption of measles, scarlet fever or small pox, or results from any constitutional erethism or irritation is well met by this medicinal agent,

Strabismus, with cerebral symptoms, heat and redness of the face, involuntary emissions of urine, jerking of the limbs, occurring during the course of some acute affection, is usually relieved by Bell. We find Bell. curative in coryza, with inflammation, redness and swelling of the nasal mucous membrane; dryness in the nose, worse on the right side; redness of the cavity of the mouth and throat; dryness and heat of the eyes; redness and heat of the cheeks; tonsillitis; derangement of the olfactories, smell of burning pitch; dull pain in the frontal sinuses; hoarseness; thirst, drinks but little; sweating; sudden short spells of pain.

This drug arrests bleeding of the nose in nursing children, if there are symptoms of congestion; in young people and adults when there are congestion to the head; sparks before

the eyes; ringing in the ears; fainting spells; flushed cheeks, and aggravation from noise, light and motion.

Case 16. Chronic epistaxis. Answers questions as if frightened, words coming out with a jerk; pupils dilated; vertigo when stooping; roaring and humming in the ears, with partial deafness; weak, faint feeling; dreams frequently; has been troubled with epistaxis almost daily as long as he can remember; Bell. 200, one dose, cured.—*Dr. T. G. Brown.*

In crusta lactea we expect much from this drug, especially in teething children, who grind the teeth together, jerk the limbs during sleep, and are unusually active during their waking hours.

Facial neuralgia requires Bell. for its cure, when the attack comes on suddenly in the afternoon, or is aggravated at that time; the pain is cutting or tearing (usually confined to the right side of the face), and shoots upwards into the ear, temple or eye, and down into the nape of the neck; the pain comes on suddenly and disappears suddenly; it is aggravated by noise, light motion and touch; firm pressure relieves somewhat. Concomitants: headache over the eyes, lachrymation, flushed face and twitching of the muscles of the eye or face.

Intermittent neuralgia. Case 17. The patient 11 years ago was taken with severe, throbbing and cutting pains in the right temporal region, in the eye and in the face. These pains continue three months every day, and then leave till next year. The pains begin at 12 M., and continue until 6 P M.; or passing noon, they come on at 6 P. M. and continue until 12 P. M., thus lasting six hours; the rest of the day entirely free from pain; sight of right eye obscure, as if looking through a fog. Bell. 3, two doses, cured.—*Dr. Noble.*

Case 18. M., æt. 60. For seven months past has had very severe neuralgic pains in face and head. Sometimes the pain goes down in the sacrum and hips; looks weak and ill; pulse low; appetite poor; bowels regular. Bell. 3, three times a day, cured.—*Dr. H. W. Maffey.*

In facial erysipelas this remedy acts well. The following case (19), by Dr. J. C. Burgher, gives the indications. J., æt. 48. Face, ears and scalp hot and swollen—swelling uniform; skin, scarlet, smooth; severe pain in head and back; drowsy, but cannot sleep; at times delirium; tongue brownish-yellow in centre, with red edges, nausea and thirst; short, dry cough, and chilliness when disturbing bed covers; constipation; urine scanty, high-colored; pulse 96. ℞. Bell. 30, every three hours. Kept head and face covered with dry cotton-wool. Cured.

Case 20. Mrs. F. æt. 60, has had frequent attacks of erysipelas of the face. Present attack commenced last night on the right side of the nose, and has spread over the whole of that side. Was delirious during the night; not much thirst; insists upon getting out of bed, although considerably prostrated; urine high colored; pulse 90 to 98; has considerable pain in the forehead over the eyes. Bell. 200 every three hours, cured in three days.

In toothache Bell. is required when the pain is stinging, cutting, tearing, jerking, pricking, aggravated at night in bed, in the open air, when biting, when touched, and from hot drinks; ameliorated by hard pressure on the cheeks. It is accompanied with restlessness, crying, swelling of the cheek, thirst, heat and dryness of the eyes, dryness of the throat, and sensitiveness of the gums. It is more often curative in children and women than in men.

We find this drug serviceable in mumps occurring on the right side, if the swelling is of a bright red color, assuming an erysipelatous character. Also in tonsillitis of the right side (in the beginning only), with swelling of the neck externally, congestion of blood to the head, and headache over the eyes; lachrymation; pain in tonsils aggravated by touching the neck and turning the head.

Dr. Chargee recommends Bell. in angina when stitches extend into the ear.

Case 21. A child aged 3 had a copious flow of purplish saliva during an attack of angina of the left side, in which spasms ensued with opisthotonos. Plumb. has "increased secretion of saliva which has a bluish color," but the other symptoms called for Bell. which I gave.—Dr. B. W. James.

In the commencement of catarrhal inflammation of the mouth and fauces, in children during dentition, this remedy is of service, especially when the gums are swollen, inflamed, painful; congestions toward the head; whining. Also in adults when the mucous membrane is swollen, capillary vessels injected with blood; feeling of dryness, burning and soreness; stitching pain up into the ear.

In diphtheria Bell. is beneficial when the patient is very restless; continual desire to swallow and sensation as if he would choke if he did not; the attempt to swallow causes lachrymation; stitches in the throat and fauces; great difficulty in swallowing fluids or solids; drowsiness, yet inability to sleep; pupils are enlarged; pain in the throat aggravated on turning the head; will not lie down for fear of choking. Baehr says of no use after exudation. Ordinarily Brom. Iod. or Spongia are better indicated in goitre than Bell., still in a few cases the latter has proved curative.

Case 22. The tumor was not very hard, but there was an aching pain in it extending through the neck, a feeling as if splinters were lodged in the throat; difficult deglutition; she was nervous, dizzy, and uncontrollably drowsy when sitting. Bell. 200 cured in two weeks.—Dr. Smedley.

Bell. relieves in a short time stricture of œsophagus from spasm, when we have difficulty in swallowing either solid or fluid food, with pressing pain in the throat and a sensation as of a foreign body in the œsophagus.

Dr. Hirschel gives the following cough characteristics: great sensitiveness, in contradistinction to the irritable Aconite Vaso motory stimulation with increased nervosity. Chief rem-

edy therefore for sensitive persons, women, children, for erethic inflammatory forms, not for croupy, plastic ones, for spastic states. Cough dry, barking, spasmodic, in paroxysms, with titillation in the trachea or bronchi; aggravation at night, and then continuous; sensation as of having swallowed dust; amelioration from anything cold; sensation of constriction in throat; difficulty of swallowing.

In catarrh implicating the larynx and trachea this drug can be relied upon in the first stage when the cough is spasmodic, barking, coming on at night and aggravated by motion; pain in the head when coughing as if forehead would burst; rattling of mucus in the larynx and chest; considerable fever; pain in the larynx and sneezing. In chronic laryngitis it affords relief when the voice is low, feeble and hoarse, and the cough dry and hollow.

Malignant Laryngitis. (Case 23). Mr. F., æt. 26, was suddenly attacked with sore throat and difficulty of breathing and swallowing; could not speak above a whisper; fever and headache; wild expression of eyes, with stiff neck admitting no lateral or rotary motion of the head; great prostration; heavy pain deep down in throat; all the membranes of the fauces were deep purple, almost black; epiglottis, rima glottidis and chordæ vocales were œdematous. Bell. tr. one drop in a pint of water, a teaspoonful every half hour. Cured in 20 hours.—*Dr. P. T. Valentine.*

Bell. is serviceable in acute bronchitis with high fever, slight thirst and inclination to perspire; coughing causes much pain in the pit of the stomach; the patient is very drowsy, but cannot fall asleep; starting and jerking when sleeping; aggravation of the symptoms in the afternoon and at night. Children cry with pain when they cough. Also in chronic bronchitis when a sensation of dryness in the windpipe and an annoying tickling cough have been induced by exposure to cold, wind or from too much talking.

In whooping cough Bell. is suitable only at the beginning, or in later stages, only when cerebral inflammation has supervened; congestion to the brain; red face; drowsiness. The cough is aggravated in the afternoon, and again after midnight; after sleep, from motion, and from touching the throat. The patient frequently sneezes after coughing.

Case 24 F. W, æt. 8; has had whooping cough for two weeks or lo. ; has had nothing except domestic remedies. During the co .. the face becomes red and the eyes congested; sometimes vomiting of mucus. Aggravation of the symptoms about three P. M., and the latter part of the night. Bell. 200, three times a day; cured in a week or ten days.—*Dr. T. S. Hoyne.*

Bell. is indicated in asthma of plethoric persons (occurring in hot, damp climates), when the paroxysm comes on in the afternoon or evening. The patient complains of a sensation of dust in the lungs (similar to Ars., although Ars. is more applicable to anæmic than plethoric persons.) Better when bending the head back, and when holding the breath; worse after sleeping and from stimulants. There is usually prespiration on the upper part of the chest.

Case 25. Infant, æt. eight weeks; from birth had been very cross; of late had a severe cough, at first short, quick breathings, but now for a few days very irregular quick, short, hurried breathings, alternate with slow, gentle, and at times almost imperceptible ones. Bell. relieved.—*J. H. Nankivell.*

This drug may be employed in pneumonia in young persons of full habit when there are signs of cerebral complication, as indicated by great nervousness, intense and constant delirium, restlessness, sleepiness, but cannot sleep, picking at the bed-clothes, flushed face and congested eyes.

Case 26. Man, æt. 50; addicted to rum, was seized with delirium tremens. During that time pneumonia developed itself. After a long time came under homœopathic treatment.

He is emaciated, with hollow glistening eyes and sunken cheeks; dry lips; dirty yellowish tongue; short respiration with moving of alæ nasi; lies on back; cough day and night; worse at night, with profuse expectoration of a penetrating smell; pulse over 100; sleeplessness. When coughing, pain in right hypochondrical region. As soon as the cough commences he has to sneeze so convulsively that it distresses him much. Bell. 15, in water every hour. Although Lach., Chin., Bry. and Lyc. were given during the eight weeks treatment, it was always necessary to administer Bell. again on account of the sneezing paroxysms with which the coughing was accompanied. Bell. cured. Bell. is occasionally useful in pleurisy and empyema of plethoric, lymphatic persons, and tuberculous women. Emphysema of the lungs with disturbed circulation, dizziness, headache, palpitation of the heart and fullness of the abdomen, requires this drug for its cure, according to Dr. Raue. Hemorrhage from the lungs rarely occurs except during the progress of pulmonary tuberculosis, and hence we are obliged to take the other symptoms into consideration. When the cough is occasioned by constant tickling in the larynx, and is aggravated in the afternoon and at night, after sleep, from motion, and from touching the throat, the deadly night shade is indicated. There is congestion of blood to the head and chest, and stitches in the chest aggravated on motion.

It relieves speedily nervous palpitation of the heart, particularly in young people with congestion of blood to the head, vertigo, and noises in the ears.

Bell. proves curative in gastritis, when we find cutting pain in the stomach, worse from walking, motion and pressure; hiccough, nausea, vomiting; great thirst, but merely wets his lips; oftentimes the stomach feels as if firmly clutched by the hands.

Dr. Buchner says, speaking of inflammation of the diaphragm, "Bell. is indicated especially when the muscular tissue,

and especially that of the pillars of diaphragm is effected; when in plethoric persons the liver is sympathetically affected, either in its peritoneal coating, or in its parenchyma; in inflammation and colic in consequence of incarcerated concrements in liver or kidneys; in pylephebitis; in puerperal affections; in violent headache caused by active hyperæmia and all consecutive symptoms." In gastralgia Bell. is useful, especially for women and children, when the pain is drawing, gnawing, pressing, or clutching, obliging the patient to bend backwards and to hold his breath; thirst, but merely wets her lips, or she is much worse after swallowing water; face is red, hot and bloated, pupils enlarged. Dr. P. P. Wells relates the following:

Case 27, Miss A. æt. 21; has had gastralgia many years. Pains aggravated when fasting, are dull with sensation of weight in the stomach. Pains extend through to the spine between the shoulder blades; dull aching with a sense of fatigue and tired feeling in the spine, and sometimes gnawing sensation. Bell. 30 cured in five weeks. Dr. W. says: "I have treated many cases similar to the above, and when I find these characteristics, the pains *especially extending to the spine*, Bell. 200 is the specific curative. I prefer the 200th, as the relief has been uniformly more prompt and permanent than when a lower potency was used."

This remedy acts well in round perforating ulcer of the stomach, accompanied with excruciating pain of a gnawing, drawing, or pressing character, the stomach being very sensitive to even slight pressure; constant vomiting, with paleness of the face, cold perspiration and icy cold hands and feet; the vomited matter is acid, bitter, sour, and often bloody; the pain is aggravated after eating or drinking. Cancer of the stomach with similar symptoms requires Bell., not as a curative agent, but as a palliative. It is doubtful whether cancer in this situation is ever cured. Hemorrhage from the stomach is simply a symptom and not a disease, when it is accompanied

with a sensation of warmth and fullness in the stomach, congestion of the head, feeling of burning dryness in the eyes, flickering before the eyes, ringing in the ears and head, and redness of the cheeks, Bell. will arrest it. This curative agent is indicated in typhlitis and perityphlitis if there is high fever, thirst, nausea, vomiting, and great pain in the ileo-coecal region, with sensitiveness to the slightest touch even of the bed-clothes.

In the diarrhœa of infants we expect much from this drug, when the head symptoms are very prominent, viz: sleepiness with half-closed eyes; constant moaning with tossing the head from side to side, or boring it into the pillow. The symptoms are all worse about three P. M., and after midnight. Bell cures dysentery in lymphatic constitutions. Before stool there is mental indisposition, indolence; during stool tenesmus, and often burning in the anus and rectum. The stools are greenish, slimy, bloody and scanty. Concomitants—excessive pain of a burning, cutting, or tearing nature in the abdomen, (which is sensitive to touch), causing the patient to cry out; bloated abdomen; prolapsus recti; vomiting; delirium; urine scanty. or suppressed; thirst, but drinks little at a time; dry tip of the tongue. The pains are aggravated by the least jar of the bed on which one lies. In some cases there is considerable jerking of the limbs while asleep.

Case 28. Mr. B., æt. 40; has had for a week acute colicky pains in the lower part of the abdomen; frequent loose stools of bloody mucus with tenesmus during stool; pains appear and disappear suddenly; better by holding the breath and pressing down. Bell. 3, one dose cured.—*Dr. F. D. Johnson.*

Dr. Maylaender returns incarcerated hernia without the application of energetic taxis, by the use of Bell. 2-3, and Nux.vom 3-6, a dose alternately every quarter hour; and should we fail after 6 to 8 hours, the operation should be immediately

performed, as there are then anatomical or pathological disproportions between the contents of the hernia, hernial sac, and abdominal openings.

In cholera infantum, these symptoms strongly suggest Bell.; boring of the head into the pillow; constant moaning; delirium; photophobia; twitching of the muscles of the face; stools scanty, greenish, bloody; distended abdomen; involuntary passage of urine or stool; aggravation at 3 P. M., and after midnight.

This drug is not often of service in the treatment of Asiatic cholera, still it may be used in rare cases, when cerebral symptoms are very prominent, as congestion of blood to the head with violent delirium, talking about home; illusions of the senses, as objects appear inverted, smells rotten eggs, etc., etc.

Bell. affords relief in bleeding piles so sensitive to the slightest touch that the patient has to lie with the nates separated, or with a sensation as if the back would break Concomitants—congestion of blood to the head, red, hot face, thirst and restlessness.

In colic we expect to derive benefit from the use of Bell. when the pain comes on suddenly, and just as suddenly disappears; clutching and griping pains as if the parts were firmly clutched by the hands, during the pain the transverse colon protrudes like a pad; external pressure and bending double relieves; standing and walking aggravates the pain; congestion of blood to the head; thirst, but drinks but little, as drinking makes him worse.

In lead poisoning Bell. should be employed for colic as if a spot in the abdomen were seized with the nails, a griping, clutching or clawing; he is obliged to sit with his body bent double, with uusuccessful inclination to diarrhœa and subsequent vomiting; griping and clawing about the umbilicus; extremely painful contractive griping, coming from both sides

and meeting in the umbilicus, contraction of the abdomen in the umbilical region ; sensation as if the hypogastrium or epigastrium were spasmodically constricted, sometimes as if it were distended, which is not the case ; colic, constipation, enuresis with eructations and inclination to vomit. In fact Bell. is our remedy when the colic is located about the umbilicus, especially if the tongue is red and dry. Also in those cases where the pain comes on suddenly and as suddenly disappears.

When a child is very drowsy, grates his teeth, moans, starts and jumps during his sleep, has a flushed face with a white circle about the mouth, the mother says he has worms. It may be so, and Bell. will relieve him especially if in addition he has involuntary discharges of fæces and urine, or dysuria ; congested eyes.

I have already mentioned that Aconite is the main remedy in peritonitis, sometimes however it is nessessary to follow it with the remedy under consideration, especially when there is great congestion of blood to the head, tenderness of the abdomen which is aggravated by the least jar of the bed, clutching and burning pains in the abdomen and great anxiety and dyspnœa. The symptoms are aggravated by light, noise, contact and motion.

In hepatic affections this drug is indicated when we have high fever, and well marked cerebral symptoms, or headache over the eyes, sleeplessness, pupils contracted or dilated ; comcomitants, vomiting of a slimy or bilious matter ; aggravation at three P. M. and again after midnight, hepatic region sensitive to pressure, especially suitable for women and children.

Congestion of the liver is relieved by it when the prominent symptoms are ; high fever ; thirst, drinks but little ; flushed face and red eyes ; congestion of blood to the head ; vomiting of an acrid, bitter, watery or slimy fluid, seldom bloody ; the region of the liver is very sensitive to pressure. Also acute inflammation of the liver with similar symptoms and

blackness before the eyes ; severe frontal headache ; distension of the pit of the stomach ; acute pain in liver aggravated by pressure, coughing, on deep inspiration, and lying upon the right side ; dull pain between the shoulders ; restless tossing about ; light sleep with starting and jumping, or wakefulness. It has been recommended likewise in acute yellow atrophy of the liver, with similar symptoms to the above, and sopor, dilated pupils, grating of the teeth and spasmodic jerking.

Jaundice is a symptom and not a disease. Bell. cures it when the other symptoms correspond, especially if it follows the abuse of quinine, or is complicated with gall stones.

Dr. Buchner, says, the catarrh of the pancreatic duct is best met by Bell., followed by Merc sol. In inflammation of the pancreas in fibrinous persons who have usually more fever, Bell. followed by Hepar ; in hypnotic persons, after Bell. mercurial preparations are indicated.

The night-shade acts only as a palliative in renal colic, relaxing the parts, thus allowing the calculus to pass. Dr. Paeg says, give Bell. in all acute cases (Addison's Disease), with pain in the small of the back and loins ; sensitiveness of the epigastrium and hypochondria ; vomiting ; coldness of the extremities, and great weakness ; as the sequel of circumscribed or diffuse inflammation in the supra-renal region. In Bright's disease we use it for congestive states of the kidneys and liver from disturbances in the right heart, or when due to disturbance of the nervous centres, or the habitual abuse of intoxicating liquors. There are sharp pains about the head, sometimes delirium and coma, with illusions of the senses ; nausea, and vomiting.

In cases of calculus and gravel, Bell. should be administered if the urine is gold colored, depositing a red sediment, with nocturnal pressure in the bladder, and shooting, burning pains in the region of the kidneys. If Aconite has not proved of service in cystitis, Bell. may be employed especially for rapid

sinking of strength ; spasm or paralysis of the neck of bladder ; the region of the bladder is very sensitive to the touch ; shooting pains in the region of the kidney ; urine hot and fiery-red ; clear at first, but soon becoming turbid on standing and depositing a slimy, bright red, or whitish sediment ; involuntary emissions of urine.

This drug proves serviceable in enuresis nocturna of scrofulous children. The child moans and groans much in its sleep ; is restless, starts and jumps ; bites its fist ; cries out suddenly.

Retention of urine in pregnant females is another condition well met by this remedy, when it is due to over distension from delay in urinating. Also retention of urine in scarlet fever, if Hyos. has failed to relieve. In gonorrhœa of the male, Bell. is rarely of utility, but is very useful in the female when there is a discharge of "white mucus from the vagina, with violent stitches in the pubic region and the inner parts, with violent dragging pains as if everything would issue from the abdomen." It gives rapid and permanent relief in epididymitis, accompanied with sudden and violent lancinations in the testicles, and left spermatic cord. Symptoms are all worse in the afternoon and latter part of the night. Also in stricture of the urethra with sudden lancinating pains, and frequent urging to urinate.

Blenorrhœa, when accompanied with inflammation of the testicle, is well met by Bell.

Berjeau, says : "Bell. will be found very useful in gummatose tumors when any inflammatory symptom is present," and also in syphilitic sarcocele. Although not often of utility in varicocele, it is sometimes indicated "when the patient suffers from congestion in other parts of the body (*e. g.*, in the head), and when the swelling feels hot and hard, with stitching and throbbing pains."

Bell. should be given in ovaritis, particularly of the right

side with hard swelling of the ovary, and stitching, throbbing pains; pressure as though all the contents of the abdomen would issue through the genital organs; high fever; thirst; delirium; sleepiness, but cannot sleep.

Case 29. Inflammation of the right ovary after delivery; treated allopathically for four weeks and getting worse all the time. Patient lies on the back; can't lie on either side; can't move; face red; great thirst; violent pain in region of right ovary, gradually extending over whole abdomen and back; worse from motion; worst during stool and micturition; bearing down; has not slept for several weeks Bell. 30 in water, one tea-spoonfull every two hours, enabled her to sleep that same night for several hours. Two days after, Apis 5 on account of the soreness of right ovary. Soon well.—*Dr. T. H. Ruckert.*

Case 30. Oophoritis, with copious exudation, forming a large tumour in left iliac region, which filled the left side of abdomen, reaching up into the pit of the stomach. It was gradually reduced by the continued use of Bell. 6, four times a day for several months. Later, Bell. and Natr-sulp. were given in alternation, and finally the last traces of the swelling removed by Kali-carb.—*Dr. Bojanus.*

Case 31. Oophoritis puerperalis about three weeks after seventh confinement in consequence of exposure to draft. Bell. 2d dec. every hour or two for nine days, removed the inflammatory state. Merc-sol. 3 dec. every six hours for about fourteen days to remove the parenchymatous swelling of the ovary, and lastly Iod. 2, which relieved entirely.—*Dr. Groos.*

The following case by Dr. Wesselhœft, illustrates the action of this drug in ovarian neuralgia:

Case 32. Mrs. W., confined three months ago; lochial discharge suddenly ceased a fortnight after confinement; since that time suffers intense agony with intermittent neuralgia of the right ovary; violent clawing, griping pains, causing constant

exclamations for 24 hours at a time without interruption; at length the pains ceased entirely, but invariably returned with renewed vigor; much thirst and vomiting during the pain, which occurs day or night; for two months and a half took much laxative and other medicine, as well as opium in abundance. Bell. 200 in water every two hours, cured in a week, and she has remained well since—two years.

This remedy proves curative in whitish leucorrhœa, with violent stitches in the pubic region, and constant bearing down as if everything would issue from the abdomen.

Case 33. L., æt. 50. Frequently roused at night with terrible beating of the heart, with rush of blood to the head; face swollen, red and hot, with throbbing and beating all over, blindness and vertigo, heat all over except the feet; recovers with double vision and flickering sight; headache almost constantly for nearly a year. Leucorrhœa since climacteric period (two years) about once in three months, lasting two or three weeks. It is yellow, profuse, thick, acrid; all symptoms worse during the flow. Bell. 200, four doses in two months, cured permanently.—*Dr. Gilchrist.*

Bell. cures metritis, with clutching pains in the stomach and abdomen as if the parts were firmly clutched by the hand; great sensitiveness of the abdomen to the least touch or jar of the bed; the pains come on suddenly in paroxysms, and leave just as suddenly; great pressure as though all the contents of the abdomen would issue from the genital organs; headache over the eyes with delirium, and red, hot face; the lochial or menstrual discharge is suppressed. It is serviceable also in displacements of the uterus with similar symptoms, and heat and dryness of the vagina; feeling in the back as if it would break, hindering motion; heaviness in the breast; sharp or dull pains from time to time appearing suddenly, and disappearing just as suddenly.

Case 34. A young married woman had an abortion one

year ago, since which time she has had prolapsus uteri. The uterus came down only when straining at stool, or while urinating, but returned to its normal position as soon as she began to walk around. The parts were continually hot and congested, and she said her back ached as if it would break. Bell. 1400, one dose, since which time (4 months) has had only two attacks and now appears well.—*Dr. A. C. Cowperthwaite.*

In cancer of the uterus, Bell. is rarely, if ever curative—it merely serves as a palliative. The characteristics already mentioned are the indications.

We find this remedy beneficial in metrorrhagia and menorrhagia characterized by aching pain in the back as if it would break; pressing and bearing down pains as if everything would issue from the genitals; blood bright red; headache over the eyes relieved by strong pressure; pupils dilated; objects appear blue and gold colored, or inverted; sleepiness, but cannot fall asleep; starting and jerking of the limbs when on the point of falling asleep; in some cases delirium or loss of consciousness.

Belladonna brings on the menses, when there is vomiting of blood instead of the periodic discharge, and congestion of blood to the head, with vertigo, burning dryness of the eyes, and general tremor.

In dysmenorrhœa we employ it when the patient becomes delirious, trying to bite, kick or escape from the house or bed; general tremor, with anxiety; pressure as though all the contents of the abdomen would issue from the genital organs; violent headache only above the eyes, aggravated by motion, noise and light, relieved by strong pressure.

Case 35. Miss C., æt., 16; nervo-sanguine temperament, light brown hair, blue eyes. For four months has had violent attacks of hysterical spasms at the menstrual period, requiring the care of two or three persons to keep her in bed and from injuring herself. Has been allopathically treated without bene-

fit. Menses now scanty and painful; sensitiveness with feeling of fullness and pain when going up or down stairs, through the hypogastrium. No appetite; constipation; disturbed sleep; melancholy and aversion to seeing any one, with hyperæsthesia of all the organs of special sense. Frequent headache, with pressing pain in the forehead over the eyes, with constant aching and pains extending back into the head, and inability to keep the eyes open in strong light. Symptoms alleviated by darkening the room. ℞, Bell. 30 every three hours. Five days later—much better. Eight days afterward appeared well. ℞. Sulph. 30, two doses a day for four days, and then Puls. 30, two doses a day for four days. Menses returned with but little pain and no hysteria.—*Dr. M. H. Slosson.*

Incontinence of urine from spasmodic action of the bladder is well met by Bell. when the urine is acid and acrid.

Prof. Ludlam recommends Belladonna in spasms and rigidity of the os uteri, when the os is extremely tender, when the pains are ineffectual owing to the pressure of the fœtus on the sensitive part; or when this hyperæsthesia is marked by general spasms and convulsions at every pain, which thereby become irregular and ineffectual.

Case 36. Mrs. W. had been in labor three days. On examination the head was found resting on the os uteri, which was undilated and felt to the touch as hard as a piece of ivory. Bell 30, three doses, dilated the os in two hours, and in two hours more the child was born.—*Dr. S. C. Knickerbocker.*

Dr. J. Moore, of London, England, advises its employment in ulcerations of the uterus, when congestion is present, and pain in the back. The following cases well illustrate the curative power of Bell. in puerperal convulsions.

Case 37. Mrs. C., æt. 26; first child; next day found her with head drawn backward; face bluish—red and fearfully convulsed; muscles of body thrown into violent and irregular action; had complained of a throbbing in her forehead a few

moments before. ℞. Bell. 5 dry. She had but one other paroxysm.—*Dr. J. D. Johnson.*

Case 38. A stout woman; after cathartic pills had convulsions during labor. Skin moist and warm, rush of blood to face, vessels resembling cords; eyes rolled up and back; head and spine curved backward; pupils were much dilated; abdomen thrust forward and upward; trembling, shuddering, groaning, the contortions and jerkings of dreadful clonic spasm; thumb and wrist inverted; spasm lasted five minutes, followed by deep coma; no spasm during expulsive efforts, but several minutes after, two labor pains during free intervals. Bell. 200. No spasm for one hour; pain increases; child born in two hours; only one more severe spasm.—*Dr. O. P. Baer.*

Case 39. Puerperal convulsions, before and after delivery with forceps, coming every ten minutes; unconscious during intervals or delirious with swearing, obscene language; condition lasting for about seven days. Very gradually relieved by Bell. 2.—*Dr. R. B. Bush.*

Dr. David Thayer reports two cases of phlegmasia alba dolens. (Case 40.) Mrs. T. had been suffering for several weeks with this disease under allopathic treatment. Bell 30 cured in a few days. (Case 41.) Mrs. W. began when her baby was a week old, to develop appearance of the milk-leg, with its early symptom of a sense of heaviness in the limb, and disinclination or inability to move it; painful sensation in moving the eyes. Bell. 200 relieved her at once, and she was doubtless saved from the disease.

In asphyxia neonatorum Bell. should be given for red face with congestive eye-balls.

You will be surprised to see the rapidity with which Bell. subdues inflammation of the mammæ, when the breasts feel heavy, are very hard, and the redness runs in radii, accompanied with pulsating pains, high fever, headache over the eyes, constipation, scanty urine, restlessness and aggravation of the

symptoms in the afternoon and latter part of the night. What was said of this agent in cancer of the uterus will apply to cancer of the breast.

Dr. W. S. Searle gives the following indications for the use of Belladonna in coccyodynia. The ischia feel sore, as if there were no flesh on them; yet she feels better when sitting on something hard than on cushions. Intense crampy pain in the small of the back and the os coccygis. She can sit only a short time. Sitting makes her stiff and unable to rise again from pain. Cannot lie down well; wakes often at night and has to shift her position; unable to lie at all upon the back, and is most relieved by standing or walking slowly.

In spinal irritation this drug should be given for dull, distressing pains, drawing around the whole pelvis, or for intense cramp-like pain in the small of the back and sacrum, relieved by standing or walking; also when there are frequent nocturnal emissions without erections.

In meningitis spinalis likewise when there are burning, tearing and pulsating pains in the spine; feeling in the back as if it would break, hindering motion; sleepiness, but cannot sleep; or light sleep, easily waking, with starting and jerking of the limbs.

Belladonna speedily cures rheumatism characterized by excessive sensitiveness to touch. The pains seem to be deep seated (Gelsem.) in the bones, are cutting, tearing, and like electric shocks; they come on suddenly and suddenly disappear. The patient has high fever, hot, dry skin, throbbing headache with violent throbbing of the carotids, thirst, drinking but little at a time, and red, hot face. Symptoms are all aggravated at 3 P. M. and again after midnight, and from touch and motion.

Case 42. Rheumatism since fifteen years, under allopathic treatment. Upper and lower limbs, pains come and go quickly. Calcareous nodes on fingers. Bell. 3 every two to four

hours, four days. Pains all gone. Had a return about four months afterwards after standing on damp ground. Promptly relieved by Bell. 3. Since then well.—*Dr. A. Korndoefer.*

Belladonna is serviceable in rickets, according to Raue, for curvature of the lumbar vertebræ; squinting; enlarged pupils; pain in the throat when swallowing; thick, protruding belly.

In caries, ostitis, necrosis, exostosis, coxalgia and white swelling of the knee, we employ it when there are glandular indurations, eruptions about the mouth and nose; enlarged blood vessels; burning and stinging pains; aggravation of the symptoms in the afternoon and night; restless sleep with frequent waking, or absence of sleep.

Dr. J. G. Blake gave Bell. 3 for the following case (43) of torticollis, curing it in two weeks. Babe two months old. The right sterno cleido-mastoid was firmly contracted, and the belly of the muscle formed a hard tumor in the neck; no tenderness, redness or evidence of inflammation.

Belladonna proves curative in sciatica when racking pains come on during sleep, waking the patient and keeping him awake; they are aggravated by touch or motion; come suddenly and leave suddenly; febrile irritation.

The prominent symptoms for the use of this drug in chorea, are: continual agitation, cannot keep still or remain erect; throws himself forward, extending hands towards the ground; boring the head into the pillow; moaning; grating the teeth; constant catching at small objects which he lets fall; convulsive movements of the lips; painful deglutition; deadness of the fingers; feebleness and uncertain gait; trembling of the tongue. Dr. G. L. Newton considers it the best remedy in true cerebral chorea when hyperæmia exists; considers it valuable also in chorea during pregnancy, and in intestinal chorea during dentition.

Dr. F. L. Davis states a case (44) in a girl of 12, in which every muscle of both upper and lower extremitiee and of face

and neck, were, when she was awake in involuntary motion, but when asleep she was comparatively still; deglutition difficult; was not disposed to talk or could not talk; a silly kind of laugh when spoken to; cries easily if scolded. Bell. 200. Cured in six weeks.

In trismus and tetanus Belladonna proves beneficial when we observe convulsive movements, twitching of the muscles in different parts of the body; difficult deglutition; dilated pupils; strabismus; staring eyes; spasmodic sighing respiration; involuntary discharge of fæces and urine; restlessness; light sleep with frequent waking. It is the best and most successful remedy.

Case 45. Man æt. 60. Trod upon a nail two weeks ago. Jaws closely locked, flexors all cramped, abdominal muscles severely drawn, deglutition impaired; a sudden noise, a touch, an attempt to move, speak or drink, would induce a spasm. Wounded foot and leg considerably swollen, wound healed leaving only a dark spot very tender, which, on being reopened, emitted a few drops of dark blood. Bacon was applied to the wound. Bell. 30 cured in three days.—*Dr. A. P. Angell.*

This curative agent should be given in epilepsy when the convulsions commence in the arm. Previous to the attack congestion of the head, headache, and throbbing in the temples. During the intervals—anxiety, fear of imaginary things, peevishness; vertigo when at rest or in motion; burning dryness of the eyes; red, hot face; restless sleep, with twitching and jerking.

Case 46. Boy, aet. 12; afflicted since four years; cause unknown. The attacks come once a week, and are preceded by headache and throbbing in the temples. Bell 3, night and morning, cured.—*Dr. Bojanus.*

Paralysis of the face, or paralysis of one side of the body following apoplexy, is often relieved by this drug. Dr. Hughes calls particular attention to it as likely to prove very useful in

locomotor ataxy, hyperæmia of the spinal cord ending in atrophy.

Case 47. Mrs. ——, æt. 32; had as a child fever and ague, and while still perspiring ran into the street and fell into a puddle of water. Had spasms immediately; since then curvature of the spine and paralysis of extremities, with loss of memory. Bell. 6, three doses at an interval of a week, improved her memory; and can walk about. Her child of six months had also its entire right side paralyzed, which was removed by one dose of Bell. 15.—*Dr. S. H. Higgins.*

Bell. is not often indicated in chlorosis. The characteristics—drowsiness, but not able to sleep; worse afternoons and night; and takes cold from every draft of air, are sufficient guides to its employment.

Intermittent fever, characterized by predominance of the hot stage, with vertigo and other signs of cerebral complication, and nervous irritability and sensibility, *all* stages is well met this drug.

In yellow fever Dr. Holcombe employs Bell. 200 for sleeplessness, mental depression, and nervous restlessness. Taft uses it in the first and second stages for the congestive symptoms which we have given repeatedly in this lecture and will not now stop to enumerate.

In typhus and typhoid fevers, Bell is always indicated for violent delirium with talk about home and going home, or attempts to bite, kick, strike and escape from the bed, requiring sometimes two or three persons to control the patient. The congestion of blood to the head and violent throbbing of the carotids makes the indication all the stronger.

It is especially valuable in measles characterized by very sore throat and difficulty of swallowing; sleepiness, but cannot sleep; headache over the eyes, with congestion to the head; heat with moisture of the skin; violent delirium; jerking of the limbs; convulsions.

In genuine, smooth and glossy scalp fever, Bell. is almost if not quite a specific. In other forms of the disease it may be used for violent delirium ; fear of imaginary things, wants to run away from them ; sleepiness but cannot sleep ; jerking of the limbs when falling asleep ; face red and hot, or pale and puffed ; papillæ of the tongue bright red, inflamed and swollen ; throat red and inflamed with difficult deglutition ; throbbing of the carotids.

Dr. W. E. Payne says: In an epidemic of scarlatina Bell. 30 to 4000 proved sufficient in all cases, even where the anginose symptoms were severe, when the efflorescence was scarlet, smooth, uniform, head hot, feet and hands cold until the eruption appeared upon them ; great restlessness ; delirium ; injected conjunctiva ; fractious ; dryness of the throat and mouth ; redness and swelling of the tonsils and soft palate. Dr. Pope gives the remedy in scarlatina simplex, the indications being "clear and well developed eruption, a brightly inflamed throat, a sharp, quick pulse, or frontal headache, noisy delirium, active restlessness, quick movements ; also for retrocession of the eruption, with delirium and convulsions of cerebral origin." As a prophylactic against scarlet fever, this much can truthfully be said of Belladonna : If rightly used, it modifies the severity of the disease if it does not always prevent it. Many cases might be quoted here, but you are all more or less familiar with its action in this affection.

Occasionally Belladonna is employed in small-pox, when the throat and cerebral symptoms are unusually severe. It is serviceable in nettle-rash with burning itching, making its appearance during the menses. It often relieves the severe pains of carbuncle, if the swelling is of a bright red color, and the pains of a throbbing character.

Practice of Medicine.

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TARANTULA: A REMEDY FOR INSANITY AND SPINAL MENINGITIS.

The following article is interesting as a contribution to the clinical history of Tarantula. We ourselves place but little confidence in the so-called provings of this remedy; but we believe in letting both sides be heard.—C. P. H.

The following case may help to establish a confidence in a remedy that has been denounced (singular to relate) on account of the "extraordinary pathogenesis" presented by its provers. If it is "a creation" of highly organized and imaginative brains, there seems to have been a remarkable harmony in the reports of the different provers. To condemn a pathogenesis on account of the minuteness of detail, or on account of its being unique, is certainly remarkable, and wholly becomes the material mind more than the one that acknowledges dynamic forces. Tarantula, as a remedy in mental diseases, is invaluable, and our experience with it in our "Dr. Foote's home" has established in our own mind the truthfulness of its pathogenesis, as collated by Doctors Nuncy and Perry, and translated by J. A. Lerry, M. D.; and Dr. Lerry is entitled to our thanks for the aid he has given us by this translation. The symptoms as given by the provers are certainly remarkable and singular. So very singular are they that I know of no other remedy that can supply its place, particularly as a curative, when indicated for mental alienations.

Miss M., aged 27, native American and Protestant, a confirmed dyspeptic for years, a musical amateur, has, within the past year, returned from Europe, where she had been studying music with great ambition for two years,—but with the great

disadvantages of an imperfect vision, myopia, with amblyopia and incipient cataract,—and while in a highly nervous state from too close application to study, a German oculist operated to remove the lens of the right eye by absorption. This was followed by great nervous depression and prostration, with occasional symptoms of mental aberration. In this condition she was sent home, and came into the hands of Dr. Pelitier, of Hartford, who discovered a retroverted and inflamed uterus. After treating her some months, without mental improvement, he sent her to be placed under my care, with the following symptoms:

Nov. 2. Severe pain through the right eye, the pain extending through to the occiput and nose; restlessness; cold feet; mahogany-colored and large papular eruption upon the face, particularly large in the region of the malar bone; sleepless and nervous, and very troublesome; retroversion, with swollen uterus. Gave her one dose *Gels.* 10^{c}. Slept well one night.

Nov. 3. Restless, changeable, and full of wants; no sleep.

Nov. 4. Violent,—screams, sings, strikes, bites, and throws things, destructive. Use *Camirole* and give *Bell.* 14^{c}, one dose.

Nov. 5. No better, violent; soils the bed with urine; furious. Gave *Hyos.* 3^{m}, one dose.

Nov. 6. No better, sings loud and continuously, with laughter. Gave *Stram.* 15^{c} one dose.

Nov. 7. No improvement, no sleep since the 2d. In addition to all the above symptoms, with thirst, she would suddenly spring out of bed, if left untrammelled, breaking and destroying whatever she could get hold of. This was done so quickly that it was almost impossible, with two attendants, to restrain her, unless she was kept bound. At 12 o'clock gave her *Tarant.* 100^{m} (Dr. Swan's dilutions); fifteen minutes after, she was asleep, and continued in a quiet sleep until the 9th (two days), then she aroused about noon for a short time, with screaming. Gave one dose *Tarant.* 70^{m}; soon after, sleep, with

catalepsy, for three hours. This was very marked; after which, continued quiet sleep until the 10th, in the P. M.; she aroused, and after a couple of hours was semi-conscious and got up to void her urine and fæces, which had previously been voided in bed. In the evening recognized and kissed her mother, as she was being changed and prepared for the night, and then went to sleep again.

Nov. 11. Slept well all night and still sleeps. Surface natural.

Nov. 12. Some restless; complains of pain in the base of the brain and nape, with transient pains in all parts of the body. Don't want to be touched; don't want sympathy; child-like irritability. Repeat *Tarant.* 100m.

Nov. 17. Steady improvement since last date, and rational dyspeptic symptoms appearing as she begins to eat. Has had a little beef tea daily. Complains of toothache, nausea, and has eructations of wind after eating; uneasiness, and pains all over. Don't want to be spoken to; snappish; neuralgic pains here and there, moving about; heat around the epigastrium, extending through to the back. Gave one dose *Tarant.* 70m.

Nov. 27. Has been about, apparently well, for the week past until yesterday, when she beeame restless after too much exertion in trying to read, and play the piano; erratic pains, with heat through the body; cold feet. Gave one dose *Tarant.* 100m, followed by great excitement and apparent aggravations of the medicine, many of the former symptoms returning, lasting for a couple of days. Antidoted with *Puls.* 51m (*Fincke*), after which, patient has continued to improve to present date, Jan. 1. He old complaint, dyspepsia and want of vision, are now her only troubles: of the former she is gradually improving.

Some of the characteristics of this remedy are remarkable, and have been repeatedly verified by me. Restlessness of the hands and legs, constant movement, cannot remain in one place; restlessness, great and constant heat about the epigas-

trium; disposition to joke and laugh and to play tricks, with impulsive movements. *Sudden foxlike and destructive efforts, requiring the utmost vigilance to prevent damages, followed by laughter and then apologies.* This symptom, in several cases, has been the "key-note" to the remedy, resulting in prompt relief from a single dose of a high attenuation.

All the symptoms relieved by music.

There is an old Spanish legend that people who are bitten by the Tarantula spider have an irresistible desire that compels them to dance, and they are only relieved by exhaustion and death. Hence the highly exciting and stirring tunes called Tarantula, arranged by several of our eminent composers.

There are many other valuable symptoms that have proven curative in our hands; but we have given sufficient to call attention to this valuable remedy, the provings of which are at present found only in the *North American Journal* for February, 1872.—*G. F. Foote, M. D., in N. E. Med. Gaz.*

CYANIDES IN THE TREATMENT OF ARTICULAR RHEUMATISM.

M. Luton, of Rheims, before attempting medication with cyanides, employed the tincture or extract of Colchicum in large doses; five grammes of tincture in a gummy mixture during the first day, one tablespoonful being given every hour until the appearance of intestinal disturbance, when the remedy was discontinued, and the patient received watery diet. In unsuccessful cases the same treatment was renewed a second and third time. Articular rheumatism treated by this method from the beginning was always cured, and never presented cardiac or cerebral complications. M. Luton first employed the cyanide of zinc in cases of cerebral gout, in doses of 0.10 centigramme. This having been successful, he tried it it acute articular rheumatism, and the result has been so satisfactory that he maintains to have discovered a perfect and unique anti-arthritic. He

prefers the cyanide of zinc to the cyanide of potassium, which is more active, less stable, and has a disagreeable taste. The former salt is a white powder, odorless and tasteless, insoluble in water, but easily made into pills or suspended in a gummy mixture. Dose, 0.5 to 0.20 centigrammes. When given in mixture, cherry-laurel water is added. Owing to the rapidity with which the cyanide of potassium is decomposed in the system, and the hydrocyanic acid eliminated by the lungs, the therapeutic impression can often be repeated without having to dread a cumulative action, as in the case of nux-vomica and strychnine. If the cyanide is given in sufficiently divided doses it can be taken in a relatively considerable quantity. The physiological limit being passed, vertigo, frontal cephalalgia, nausea, colic, and sometimes a little diarrhœa are observed. More often the stomach is advantageously stimulated, the appetite and digestion being good. The cyanide is an anti-dyspeptic, a perfect remedy against gout of the stomach, and can be given during or after meals. Furthermore, the cyanides are general sedatives, and promote sleep. Their therapeutic effects are: diminution of pain, redness and swelling; the heart's action becomes less violent and frequent; the temperature diminishes; diarrhœa is exceptional. The author certainly believes that the cyanides can cure acute articular rheumatism, shorten its duration, and diminish the risk of complication.—*Lyon Medicale*, Nov. 7, 1875.

TAR IN BRONCHIAL CATARRH AND WINTER COUGH.

Drs. Sidney Ringer and William Murrill, contribute a note on the use of tar to the *British Medical Journal*. They have employed tar in two-grain doses, made into a pill, every three or four hours. From October to January, inclusive, its effects were watched on twenty-five patients, whose ages varied from

34 to 70. All these patients had suffered several years from winter cough, lasting the whole winter.

These patients suffered from paroxysmal and violent cough, each attack lasting from two to ten minutes—recurring ten or twelve times a day, and breaking their rest at night. Expectoration abundant, frothy, purulent. Breathing short on exertion, but most could lie down at night without propping. The physical signs showed a variable amount of emphysema, with sonorous and sibilant rhoncus, occasionally a little bubbling rhoncus at the base. These patients usually began to improve from the fourth to the seventh day; the improvement rapidly increased, and in about three weeks they were well enough to be discharged. The improvement was so decided that even those patients who, in previous years, had been confined to the house during the whole winter, returned to their work. On discontinuing the tar, relapses often occurred in a week or two, but on re-administering the medicine, relief was again obtained.

We have for years been in the practice of administering tar in small doses, generally in the form of *Tar Water*, in cases similar to the above, with the greatest benefit; also in chronic laryngeal troubles.—C. P. H.

TAR-SPRING WATER—CURES WITH:

BY JAS. G. HUNT, M. D.

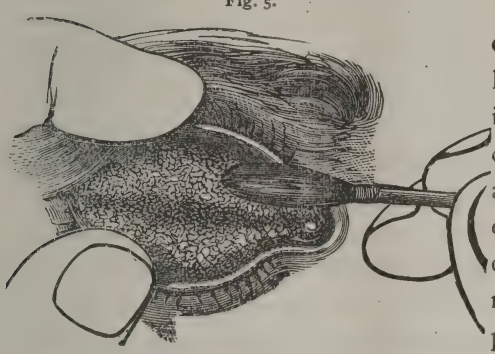
Chronic Diarrhœa.—In a case of chronic diarrhœa in an ex-soldier, of eleven years duration, contracted in the army, where the stools were 8 to 10 each day, with terrible pain across the small of the back and urine like curdled milk, the use of Tar-Spring Water made the stools less frequent and the urinary symptoms disappeared. Subsequently he was reported as cured.

Consumption.—A. S., an Englishman, has last six brothers and sister with consumption, her physicians pronouucs her case Phthisis pulmonatis. The use of Tar-Spring Water restored her apparently to health. A few months will test the reality of the cure.

GRANULAR CONJUNCTIVITIS.

CHRONIC PURULENT OPHTHALMIA; TRACHOMA.

Fig. 5.



GRANULAR CONJUNCTIVITIS.

This is much the most common form of Purulent Ophthalmia, especially in civil life. It is distinguishable from the acute form just described, chiefly by its being confined, except in very rare instances, to the palpebral conjunctiva; by its generally running a comparatively mild and very chronic course; and by a gradual change of the mucous lining of the lids, especially of the lower, which, after the lapse of several weeks or months, are, so to speak, over-run with patches of minute fleshy growths, or vegetations, called "granulations," which give to the affected membrane a rough, mulberry like appearance, (*trachoma.*) The size and color of the granulations are generally proportioned to the intensity of the inflammation; when the conjunctivitis is most intense, they are commonly of a deep red or garnet color, and of a rough, warty, or condylomatous appearance; but when the inflammation is less violent, the palpebral conjunctiva is paler, and appears as if sprinkled with dust or fine sand. At first the granulations are soft and tender, and bleed easily; afterwards they become more and more indurated, and give to the conjunctiva a somewhat seamed or cracked appearance.*

SYMPTOMS.—The disease often sets in so gradually as scarcely to attract attention. Commencing with the symptoms

* It is important to distinguish between *granulations*, properly so called, and *enlarged papillæ*. The latter ordinarily accompany the former, but are more superficial; granulations, proper are an inflammatory product, appearing, even before changing into cacatricial tissue, as distinct formations, like grains of sand, lying immediately under the conjunctiva.

of catarrhal ophthalmia, the patient experiences more or less uneasiness in the eye, attended with a feeling of heat or burning, especially of the tarsal edges, which exhibit more or less redness; sometimes the inflammation is confined to the tarsal portion of the lids for a considerable period; afterwards, when the inflammation has spread towards the globe, the patient complains of a feeling of dryness and roughness in the eye, as if caused by particles of foreign matter beneath the lids. There is now an increased secretion of tears and of mucus, but little or no pain. The disease may continue in this mild form for two or three weeks, and then terminate under proper treatment; or, in consequence of unfavorable circumstances, it may increase in intensity until it reaches a higher grade, the conjunctiva becoming redder and more swollen, and secreting a thick, glutinous, or puriform matter. The affected membrane now takes on the characteristic granulated appearance; the lids participate in the general swelling; and the pain becomes more considerable. This, the most inveterate form of the complaint, may last for several weeks or months before it terminates, either by resolution, or, which is more common, by reaching a still higher degree of intensity—a grade which, like the former, it may assume from the beginning. This stage or degree of the inflammation generally supervenes suddenly on the condition just described; and from its great violence may work irreparable mischief to the organ within a few hours. The pain is now severe, and of a burning, aching or stabbing character; the granulations become warty and luxuriant; the lids swell enormously; the purulent discharge becomes profuse; and a condition of the palpabral conjunctiva succeeds similar to what occurs in the third stage of acute purulent ophthalmia, except as modified by the granulated state of the lids.

RESULTS.—The ordinary and characteristic results of chronic purulent ophthalmia, are such as arise from the thickening and granulation of the lids. Even after the removal of

the symptomatic affections, so long as the granulations exist there will remain more or less weakness of vision, arising from irritation, together with swelling of the eyelids, a lessening of the palpebral fissure, and, in some cases, more or less eversion of the tarsi.

In addition to these changes, there is commonly more or less vascularity and opacity of the cornea, generally of its upper half, arising from the friction of the granulated surface of the conjunctiva, which is chiefly limited to the upper lid. The vascularity of the mucous covering of the cornea may become so great as to constitute what is technically termed *pannus*. As the results of severe inflammation, we may also have ulcer, leucoma, prolapsion and adhesion of the iris, and staphyloma.

PROGNOSIS.—This is generally favorable; though there will always remain great liability to relapse, the weakened vessels of the conjunctiva becoming congested by very slight causes. The constitution, habits and occupation of the patient, as well as the state of the weather, and other accidental circumstances, will have much to do with the progress and termination of the case. The disease which appears greatly improved to-day, may be greatly aggravated to-morrow. In this way, months and even years sometimes elapse, the superficial and interstitial changes of the palpebral conjunctiva gradually becoming greater and greater, until it is even doubtful in some cases whether the affected membrane can ever be fully restored to a healthy state.

ETIOLOGY.—The causes of chronic purulent ophthalmia are the same as those which give rise to the acute form, and need not therefore be repeated. Less commonly, the disease succeeds to the acute form; the latter, owing to bad management, or some vice of the constitution, not undergoing complete resolution.

TREATMENT.*—As surgeon in charge of the Ophthalmic

* See *Am. Hom. Obs.*, vol. v, p. 466.

Department of Brown General Hospital, our experience in the treatment of this disease during the late war was by no means inconsiderable; and as the result of that experience, and of over twenty years practice in civil life, we desire at the outset to express our emphatic disapproval, except in the inveterate form called *trachoma ficosa*, of the escharotic method of treatment. We are convinced that the indiscriminate use of powerful escharotics in every form and stage of the complaint, has been the means of protracting, and, in many cases, of confirming this formidable affection; (1) by aggravating the local excitement; (2) by increasing the tendency to relapse; (3) by renewing and increasing the inflammation; and (4) by taking the place of more rational and efficient treatment. So far as local measures are concerned, the following distinctions will be found to be of great practical importance:

1. *When the conjunctiva, instead of having its natural polished surface, is villous or velvety, or when the granulations are small, pale and sand-like; in short, when the so-called granulations are quite recent, or when they consist simply in a swollen or hypertrophied state of the conjunctival papillæ* escharotics are unnecessary, and generally harmful. In these cases, the application of cold salt-water compresses, whenever demanded by an increase of inflammatory action, and the employment, in the intervals, of mild astringent lotions, such as we have recommended for the acute form, with due attention to diet, pure air, and exercise, with repose and protection of the organ,* will generally be found to give the most prompt, marked and permanent relief.

2. *When the granulations are large, flabby and easily torn*, the above treatment, aided by internal remedies, may still hold them in check, and even promote their absorption; if not,

* Dr. Dobrowolski, of St. Petersburg, in *Annales a Oculistique*, points out the comparative value of blue, and gray or smoked glasses as a protection against the sun's rays, giving the preference to the latter. See *Am. Hom. Obs.*, vol, xi, p. 555.

it may be aided by a wash of KALI HYDRIODICUM, or by touching them with a crystal of the SULPHATE OF COPPER, the latter being used only to suppress the exuberance of the granulations.

3. *When the granulations have a firm, pale, wart-like appearance, and cut like cartilage*, escharotic treatment is not only admissable, but required. In these cases we have derived the greatest benefit from passing a pencil of ARGENT. CUM. CALCE freely over the granulated surface, being particular before restoring the lid to its natural position, to wash it carefully with water, or diluted vinegar, in order to prevent any farther action of the escharotic. (*See Fig. 5.*) This application should never be repeated oftener than once a week, nor the sulphate of copper oftener than once in two, three or four days, according to the amount of local excitement produced by it; remembering in all cases that, whenever local treatment causes any aggravation of the symptoms, the irritation and increased vascularity must be allowed to subside before repeating it; that some cases will bear much stronger applications than others; that when their use is attended by a sense of relief, they are always beneficial; but when pain and increased vascularity are permanently excited by them, they will always do harm, especially if too frequently applied.

The internal remedies especially adapted to this variety of ophthalmic inflammation, in addition to those previously recommended, are:

Acidum nit.—This medicine is suitable for most cases of chronic purulent ophthalmia, especially such as are associated with a syphilitic or mercurial cachexia.

Graphites.—This medicine is especially indicated when the edges of the lids are implicated, particularly the meibomian follicles.

Iodium.—This remedy is adapted to every stage of the complaint, especially when there is a psoric state of the system.

Kali Hydriodicum.—In cases similar to those for which Iodium is recommended.

Lycopodium.—Specially adapted to cases attended with inflammation and ulceration of the tarsal edges.

Mercurius.—This remedy is no less useful in the chronic than it is in the acute form of purulent ophthalmia.

Sulphur.—The same remark may also be applied to this remedy, which is particularly adapted to the chronic form of the complaint, especially when attended with ulceration.

Thuja.—We mention this remedy because it is strongly recommended by others, and not because we have had any experience with it ourselves.

For other medicines and for fuller details, see *Tables XIV and XV*; consult, also *Therapeutic Indications*, at the end of the *Section on Ophthalmic Diseases.*

DIET AND REGIMEN.—As granular conjunctivitis is not only contagious, but, like the simple form of purulent ophthalmia, is aggravated by squalor, impure air, want of cleanliness, improper or deficient nourishment, over-crowding of apartments, dampness, miasm, etc., it follows that too much attention cannot be paid to hygienic regulations. Indeed, experience shows that without due attention to these particulars, in the vast majority of cases the improvement, if any, will be slow and unsatisfactory; while on the other hand, good nutritious food, clean clothing and comfortable surroundings contribute in no small degree towards affecting a permanent cure.

THE DURATION OF LIFE.—The following facts on the duration of life appear in the *Deutsche Versicherungs Zeitung:* "In ancient Rome, during the period between the years 200 and 300 A. D., the average duration of life among the upper classes was 30 years. In the present century, among the same classes of people, it amounts to 50 years. In the sixteenth century the mean duration of life in Geneva was 21·21 years, between 1814 and 1833 it was 40.68 years, and at the present time as many people live to 70 years of age as 300 years ago lived to the age of 43.

American Observer.

EDWIN ALBERT LODGE, M. D, DETROIT, MICHIGAN, GENERAL EDITOR.

UNIVERSITY OF MICHIGAN—HOMŒOPATHIC COLLEGE.

"The homœopathic School at Ann Arbor, Michigan, is very unsatisfactory to the profession of the State, by reason of its continued connection with the old school. Quite a number of primary students will attend it this winter, but it is believed that there will be no graduates so long as it is but an appendage to the allopathic department. Indeed the allopathic professors have a standing threat to "strangle" it, and there is no doubt that in its present shape they can do it. But the Legislature of the State meets this winter, when, no doubt legislation which will be had which will place the school on an independent basis. Until this is effected, the friends of homœopathy who are looking for the advancement of the cause in this particular direction should be patient."

EDITOR AMERICAN OBSERVER.—The above article having appeared in the September number of Luyties Monthly *Homœopathic News* will have a tendency to mislead the minds of some of our medical students in relation to the status of the Homœopathic Medical College of the University of Michigan, and the position held by our profession in this State in relation to it. The Homœopathic School at Ann Arbor is very *satisfactory* to nearly every member of our profession in the State. Our State Medical Society at its annual session last spring gave the Institution its unqualified endorsement, and recommended by resolution that all Homœopathic students in the State attend the lectures of the same—it being a school where the homœopathic student could receive a better medical education than in any other institution. The threat of one of the old school professors of *strangulation* was, doubtless, one of the vagaries of a diseased brain, and fell harmless to the ground. The Regents have assured us that "Homœopathy has come to the University to stay." There is not another Homœopathic Medical College in all the land that offers the advantages to homœopathic students for a finished medical education in all its branches that this institution does—and that too for a mere nominal sum of money. Two additional and competent homœopathic professors having been added to our Faculty, it opens to the homœo-

pathic student the advantage of four homœopathic professors besides the lectures in the old department of medicine and surgery. It will be greatly to the advantage of every homœopathic medical student in the State and adjoining States to attend the Homœopathic Medical College of the Michigan University. I. N. ELDRIDGE, M. D.,

Gen. Sec. Hom. Med. Society, State of Mich.

FLINT, September 6, 1876.

ERIODYCTION.—Prof. G. W. Barnes, writes to the *Advance:* On looking over Allen's 4th volume, I am reminded of our conversation upon *Eriodyction.* I do not think Allen sufficiently accurate in specificically defining it. I do not know where he gets the name of E. *Californiacum.* The three species are found in the States or in California and Mexico. I omitted to say that in the Pacific Railroad Survey, one of the volumes containing botanical reports, you will find in the index to one of the reports, the three species named, and in the report described.

Since the above was in type, we have received the following:

ERIODICTYON GLUTINOSUM—CORRECTION.—In naming the above plant we followed the Mexican boundary survey, but the new Botany of California (just out) corrects both the *spelling* and specific name; it must now read as above. T. F. ALLEN,

Ed. Encylco. M. M., per H. L. M.

STRANGE ACCIDENT AND SKILLFUL TREATMENT.—It is reported that an accident once happened to the late Mr. Brunel, the celebrated engineer. Mr. Brunel, while performing a conjuring trick for the amusement of some children, allowed a half sovereign to slip into his throat (not in his windpipe), where it remained immovable. A surgeon was sent for, who at once pronounced it an impossibility to remove the obstacle by any of the ordinary means. He opened a passage in the gullet, through which Mr. Brunel might be fed, and told his patient that a couch must be constructed on which he might be securely fastened face downward, and then be tilted up, feet uppermost, and brought up suddenly with a jerk on reaching the perpendicular position. Mr. Brunel entered into this plan with his usual energy, and devised and made a sketch of the machine for the upholsterer. While it was being made, the patient was kept quiet and fed through the aperture. Several days elapsed, and then, on being placed on the couch and treated in the way intended, the shock caused by the sudden stoppage when tilted up with his head downward relaxed for an instant the muscles which held the coin and it fell against his teeth.

PHYSICAL CULTURE.—Dr. George B. Winship, who was known several years ago as a traveling Hercules, who could lift one side of a locomotive engine and out-pull a horse, died in Boston on Tuesday last at the early age of forty-two, probably a victim of excessive athleteism. It is impossible for a man to make enormous expenditures of vitality through his muscles and still have a reasonable quantity left for his thinking, digestion, and the proper working of his lungs and heart. Men who are exclusively athletes generally die of affections of the heart or lungs; they do not live long; longevity is reserved for those who do most of their work in their brains, aud exercise only moderately, and not as Dickens did, to hurt and premature death. The muscular man is by no means the strongest; on the contrary he is often the weakest.

AUTUMN LEAVES.

In the woods—on the lawn,
Bright tinted leaves are strewn:
These as now gathered
Are cold and withered,
Withered Leaves!

"We all do fade as a leaf,"
So the Holy Word doth say,
So surely we *do* decay,
This filleth the soul with grief:
Withered Lives!

Shame! O soul on thy sadness,
Rise, O soul in all gladness
'Tis only the outward perisheth:
'Tis only the casket vanisheth,
Hourly the inner man
Whom the world doth not scan,
By revivals—renewals,
By refinings in its trials,
Seeking fruit more than leaves,
Gathering now bright sheaves,
Ripens well for His presence
Who hath true joy in essence;
For a day without night,
Unending in His light.
Evergreen leaves—are not *here*,
Fadeless flowers—they are THERE!

DR. J. MARION SIMS VERSUS THE CODE OF ETHICS OF THE AMERICAN MEDICAL ASSOCIATION.*

The late president of the American Medical Association, in his annual address, took occasion to make a deliberate attack upon our code of ethics. He questioned its "validity" and its "constitutionality." * * * After mentioning various objections to certain features of the code, he says: "I do not ask you to appoint a committee on the code. Let it stand as it is. Honorable men do not need its protection. Dishonest men are not influenced by its edicts." * * * Dr. Sims would have the code treated as a dead letter—not even examined by a committee before being cast into eternal oblivion. What reasons does he give for thus disposing of a code which other branches of the profession out of the United States have adopted as their professional standard?

1. He says that the code renders it impossible for any member of the profession to notify the world of his intention to change his place of residence without violating its provisions.

2. Consultants do not obey the provisions of the code; differences of opinion will leak out.

3. Patenting of surgical instruments or other inventions is forbidden.

4. The profession violates the code every day in prescribing patent medicines.

5. The code is used as an engine of torture and oppression.

We had expected that Dr. Sims would have added one other reason for the abolition of the code, viz., because it forbids consultation with irregular practitioners.

SLUMBERING PLANTS.—The Boston *Transcript* says it is well-known that plants sleep at night; but their hours of sleeping are a matter of habit, and may be disturbed artificially, just as a cock may be waked up to crow at untimely hours by the light of a lantern. A French chemist subjected a sensitive plant to an exceedingly trying course of discipline, by completely changing its hours—exposing it to a bright light at night, so as to prevent sleep, and putting it in a dark room during the day. The plant appeared to be much puzzled and disturbed at first. It opened and closed its leaves irregularly, sometimes nodding, in spite of the artificial sun that shed its beams at midnight, and sometimes waking up, from the force of habit, to find the chamber dark in spite of the time of day. Such are the trammels of use and wont. But, after an obvious struggle, the plant submitted to the change, and turned day into night, without any apparent ill effects.

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* *Detroit Review of Medicine and Pharmacy.*

TÆNIA AND RAW MEAT.*

For some years past the frequency of tænia, especially in children, has been assuming such unusual proportions in France, that it has attracted the especial attention of medical men. There was a rapid increase in the frequency of tænia in Paris during the year 1870—an increase due to the unaccustomed alimentation enforced by the siege of Paris. The frequency of tænia has not increased in that part of the army residing in France, as it has in the civil population; while among those stationed in Asia and Africa, particularly in Syria, Algeria, and Senegal, tænia is of frequent occurrence. The cause of this increasing appearance of the parasite in the civil population is to be found in the widely extended use of raw meat as a medicament, and of insufficiently cooked meat as food. The uniform alimentary regime of the soldiers explains the persisting rarity of tænia in the army in France, while in Algeria, etc., in consequence of the want of public hygiene, the bodies and *debris* of animals are often left exposed to the air, and the water used as drink becomes charged with eggs or *debris* containing cysticerci.

The prevalence of tænia in Abyssinia is due to the practice of eating the raw flesh of the sacrifices while it is still warm and palpitating. Formerly in St. Petersburg the Bothriocephalus alone was met with, but since the introduction of the use of raw meat in the treatment of the diarrhœa of children, cases of tænia in these children have been observed. Numerous isolated cases, moreover, have been reported, which show undoubtedly the dependence of tænia on the use of raw meat.

Tænia larvæ may also be ingested alive in under-done meat. M. Vallin has proved experimentally that the temperature of roast meat as it is usually served, varies between 148 to 151° F., at the periphery, and 135 to 140° at the centre, and that the latter temperature is not sufficient to destroy the larvæ. He has proved that a temperature above 153° F. is necessary to destroy trichinæ.

Observation has also shown that it is the tænia mediocanellata which proceeds from the cysticercus of beef, while the armed T. solium is developed from the cysticercus of pork. The third variety of cestoid to which man is subject, the bothriocephalus latus, seems to be developed directly from the egg, and is propagated by the use of water vitiated by the excrement of men or animals.

The prophylaxis of tænia consists simply in subjecting beef and pork to a sufficiently high temperature in the process of cooking, or, as has been proposed by M. Roger, in the substitution of raw mutton for raw beef. The cœnurus, the only cestoid larva met with in sheep, is found exclusively in the brain, and accomplishes the second stage of its development in the intestine of the dog, but not of man. Finally, in each particular case, the advantages to be derived from the use of raw meat must be weighed against the inconsiderable(?) dangers dependent on the development of tænia.

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* *Gazette Medicale de Paris.*

GRAPES.—(*The Sanitarian.*)—Scarcely any plant surpasses the vine as regards the beauty of its leaves and fruit. As a covering for bare walls and for affording shelter and shade, it is a climber of the first rank. To sit under one's own vine has in all ages been considered the acme of rural happiness—an emblem of peace, a symbol of plenty, and a picture of contentment. That pleasure, though perhaps not in all its fulness, may become the heritage of thousands throughout the United States.

Our climate—variable as it is for a large portion of the Union—is eminently suited to the culture of the vine; and in some of the States the fruit attains a degree of perfection, for both eating and wine making, scarcely surpassed in the Old World. As food, ripe grapes are universally esteemed—no one ever tires of them, and people can live and work on grapes and bread quite as well as they can on *meat* and bread. Indeed, the wholesomeness of this kind of diet is beyond question. In parts of France, Spain and Italy the peasantry for a season, annually, almost wholly subsist on grapes and bread, and those who so live are noted for their freedom from consumption and scrofula—to such a degree as to have given rise to the "grape cures."

And there is scarcely a plant so easy of cultivation, or more ornamental as an arbor for the back-yard of the city lot, or for cooling the gable of the country cottage. In this the vine has its healthful value for those who do not like grapes, if, indeed, there are any such persons. And for those who decline to eat grapes, or can thus cultivate more than they want for home consumption, there is always a ready market in town, to realize on space scarcely available for other purposes—good for rent.

FRUIT FOR FOOD.—Says the Cincinnati *Gazette:* If a child's digestion become impaired and the gastric juice becomes weakened or defective in quantity by overeating or bad food, the whole alimentary canal becomes clogged up and filthy, and furnishes nests for such worms as will breed there. In this weakened condition of the system they cannot be destroyed by the process of digestion, and hence great harm comes from them. Now, it is an interesting fact that fresh, ripe fruit is the best preventive for this state of things. Dr. Benjamin Rush pointed this out a hundred years ago. He made a series of experiments on earth worms, which he regarded as more nearly allied to those that infest the bowels of children than any other, with a view to test their power of retaining their life under the influences of various substances that might be used as worm medicines. The results proved that worms often lived longer in those substances known as poisonous than in some of the most harmless articles of food. For instance, in watery solutions of opium they lived 11 minutes; in infusion of pink root, 33 minutes; in claret wine, 10 minute; but in the juice of red cherries they died in six minutes; black cherries in 5 minutes; red currants, in 3 minutes; gooseberries, in 4 minutes; whortleberries, in 7 minutes, and raspberries, in 5 minutes. From

these experiments Dr. Rush argued that fresh, ripe fruits, of which children are very fond, are the most speedy and effectual poisons for worms. In practice this theory has proved to be correct.

FLOWERS FOR FOOD.—(*Journal of Applied Science.*)—Though flowers are much used in medicine, it is not often that they are employed as an article of food. In many parts of India, however, the flowers of a sapotaceous tree, *Bassia latifolia*, form a really important article of food. These blossoms, which are succulent and very numerous, fall by night in large quantities from the tree, and are gathered up early in the morning and eaten raw; they have a sweet but sickly taste and smell. They are also dried in the sun and sold in the bazaars. An ardent spirit, which is strong and intoxicating, is distilled from these flowers by the Parsees and hill people, who also eat them either raw or cooked, often with parched grain; they are also put into sweetmeats. Dr. Gibson states: "This flower is collected in the hot season by Bheels and others from the forests, also from the planted trees, which are most abuudant in the more open parts of Guzerat and Rajwarra. The ripe flower has a sickly, sweet taste, resembling manna. Being very deciduous, it is found in large quantities under the trees every morning during the season. A single tree will afford from 200 to 400 lbs. of the flowers. The forest population store great quantities of the dried flowers as a staple article of food." The blossoms of another species, *B. longifolia*, are employed in a similiar manner by the natives of Mysore and Malabar, where it abounds; they are either dried and roasted, and then eaten, or bruised and boiled to a jelly and made into small balls, which are sold or exchanged for fish, rice, and various sorts of small grain. The flowers of both species are also eaten by owls, squirrels, lizards, jackals, etc.; and Roxburgh mentions a report that the last-named animals "are apt to grow mad by to much feeding on them," especially in the time of blossom.

"FOOLS RUSH IN."—(*British Medical Journal.*)—At the Westminster Aquarium, about a month since, Dr. Aldred had an epileptic seizure, Amongst the persons present was one who inquired if any of the gentlemen around had a lancet. Such an instrument was found in the possession of a house-surgeon from a neighboring hospital, who, imbued with the idea that the person asking for it was a surgeon, handed to him the instrument. Having received the lancet, the man to whom it was given began to use it by puncturing the skin at the bend of the elbow. Another medical practitioner looking on suggested that the lancet was not being properly directed in order to bleed the patient; it was, in fact, being thrust into the tendon of the biceps. The operator then attacked a vein lying over the brachial artery, and actually punctured the artery itself. As a result of this injury, Dr. Aldred has since been suffering from traumatic aneurism; and, after several consultations, it was finally decided last Saturday to tie the brachial artery. This was accordingly done by Mr. Durham, in the presence of Sir James Paget, Mr. W. Adams, and others; and we are happy to state that to-day (Wednesday) Dr. Aldred is progressing favorably. It now appears that the person who punctured the artery was not a medical man, but a German tradesman resident in London. What must have been his temerity! He bled one doctor with a lancet borrowed from a second, and, in the presence of a third member of the profession, who looked on. Vivisection of this kind we would all like to see made penal.

Personal Notices, Etc.

NECROLOGICAL.

BLAKE.—Dr. E. H. Blake died in Austin, Texas, on July 8, 1876, of apoplexy. The doctor was a much esteemed and popular practitioner of Houston, Texas, where he had been engaged for many years with his son and Dr. Parker. We remember meeting the deceased at his home in Houston. He was a cordial and intelligent physician.

CREES.—Our friend Dr. David Crees died of pneumonia at Portsmouth, Ohio, on April 11, 1876, after a long and complicated series of diseases. He was a man of solid attainments, and will be very much missed. A good physician, a good citizen, a kind husband and father, and his place cannot be easily filled. R. S.

RYAN.— John Ryan, M.D., LL.D., died August 7, 1876, in the sixty-sixth year of his age.

WHIPPLE.—Dr. A. Whipple, of Springfield, Ohio, died recently—"refined, genial, cultured."

MARITAL.

SNYDER—BAUER.—At Hazleton, Pa., on the 4th of July last, L. A. Snyder, M.D., to Miss Mary M. Bauer of the above place. Dr. Snyder is a graduate of the class of '76, Pennsylvania College, and has located at Hazleton.

HUMES—HUEY.—At the residence of the bride's parents, June 6, 1876, by Rev. W. K. Brown, assisted by Rev. Geo. Scott, James R. Humes, M.D., of Hollidaysburg, to Miss Martha M. Huey, of Tarentum, Pa.

REMOVALS.

BRUNS.—Dr. F. Bruns, from Athol, Mass., to East Boston, Mass.
CUMMINGS.—Dr. C. Cummings, from Adrian, Mich., to Toledo, Ohio.
COWLES.—Dr. Samuel Cowles, from Marysville, Cal., to San Francisco, Cal.
FULLER.—Dr. E. C. Fuller, from Pontiac, Mich., to Detroit, Mich.
KNOWLES.—Dr. H. S. Knowles, from Avoca, Iowa, to Council Bluffs, Iowa.
POMEROY.—Dr. T. F. Pomeroy, from Baltimore, Md., to Chicago, Ill.
RIPLEY.—Dr. E. M. Ripley, from Wing's Station, N.Y., to Unionville, Conn.
SEWARD.—Dr. T. W. Seward, from Middletown, Vt. to Elizabeth, N. J.
TABOR.—Dr. G. A. Tabor, from Union Springs, N. Y., to Victory, N.Y.
THOMPSON.—Dr. J.W. Thompson, from Millville, N. J., to Greenfield, Mass.

A HOMŒOPATHIC PHYSICIAN of three years experience, desires to hire to or enter into partnership with a physician that has an extensive practice. Terms favorable. Adrress G. D. D., East Turner, Maine.

Gynæcology.

W. H. BLAKELY, M. D, BOWLING GREEN, KY., EDITOR.

LYMPHANGITIS IN PELVIC PATHOLOGY.

From an exhaustive discussion of this subject. Dr. Tilt (*British Medical Journal*, June 20, 1874) deduces the following propositions:

1. Pelvic cellulitis, benign or septic, originates in the lymph spaces and in the capillary lymphatics, that have been wounded in some lesion of the utero-vaginal mucous membrane.

2. Whenever situated in the pelvis, cellulitis follows the same course, but varies in name and symptomatology according to its topographical disposition, and to the organs and the tissues that circumscribe it.

3. From the patch of capillary lymphangitis implicated in a mucous membrane lesion, inflammation may spread to one or more of the nearest lymphatics, and may be benign or septic.

4. One lymphatic may pass on inflammation to another, so that a continuous chain of purulent lymphatics may extend from the septogenetic lesion to the lumbar lymphatic glands. Such acutely inflamed lymphatics often inflame their surrounding cellular tissue, their glands and proximate organs.

5. When lymphatic glands do not succeed in barring the progress of inflammation, they also inflame their surrounding cellular tissue, and may thus cause an internal bubo wherever there is a pelvic lymphatic gland.

6. Occasionally peri-uterine inflammation has no other origin than this frequent origin of abscesses of the broad ligament.

7. Purulent lymphatics, on their way to the lumbar glands, may inflame the subserous cellular tissue in the iliac region, and thus cause iliac abscess.

8. The subserous lymphatics and the peritoneum are so intimately united by physical contact and physiological action, that it is almost impossible for subserous lymphangitis not to cause peritonitis.

9. The sub-peritoneal lymphatics being continuous with and contiguous to those of the ovary and the oviduct, they may be inflamed by subserous lymphangitis, particularly when it is septic.

10. The contamination of the blood by lymphatic pus

leads to the inflammation of those parts that are in physiological connection with the lymphatic system, such as the serous and synovial membranes and the spleen, whilst phlebitis more frequently causes metartic abscesses, if it be not their sole cause.

11. Though often overlooked in *post-mortem* examination, sporadic puerperal lymphangitis is not uncommon, but is more frequently met with in connection with and concealed by phlebitis.

12. The worst cases of puerperal lymphangitis have their modified counterpart and subdued presentment in non-puerperal pelvic pathology, and more frequently than is admitted lymphangitis is the cause of speedy death from uterine operations.

13. Whether women be poisoned by puerperal lymphangitis or by puerperal phlebitis the general symptoms are the same in nature and intensity, and the local symptoms vary according to the amount and variety of its primary and secondary lesions.

14. The increase in size and number of pelvic lymphatics during pregnancy, and their increased functional activity strongly support the rule not to operate on pregnant woman.

15. As the liability to puerperal lymphangitis is in direct proportion to the number and gravity of lesions inflicted on the utero vaginal mucous membrane by tedious labors, it is advisable to shorten, according to modern practice.

16. The bathing of a puerperal wound in an ichorous discharge is so dangerous that disinfecting vaginal injection should be made so soon as the local discharge becomes in the least offensive.

17. The frightful mortality that has attended some epidemics of puerperal lymphangitis justifies the horror of large maternities entertained by the profession.

No More Ovariotomy.—(*Hom. Times.*)—Under the above title we find in the *Wiener Med. Presse*, an exceedingly interesting article by Dr. Semeleder, formerly physician to the Emperor Maximillian, of Mexico, but now residing at 106 West 42d street. When the poles of a battery are placed in an albuminous fluid, clotting and thickening takes place at the positive pole and liquefaction at the negative. The same thing happens when if an ovarian tumour is subjected to galvanopuncture. Three cases of cure by this plan are related. In the first case the treatment was continued six months, in the second two months, in the third six weeks. In one case the tumour reached above the umbilicus, and in all the treatment was entirely successful. The settings were of short duration, and not particularly painful.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

THE STUDY OF THE OPHTHALMOSCOPE.

BY R. J. PEARE, M. D., HOUSE SURGEON, UNIVERSITY HOSPITAL, ANN ARBOR.*

The difficulties encountered by every student in the practical study of the opthalmoscope are so great as to be probably the main cause for the general lack of knowledge which prevails on the subject of ophthalmic medicine. But few pages of any work on diseases of the eye can be read without being reminded of the frequent necessity of the opthalmoscope in diagnosis, and the cases are not numerous in which an examination can be considered complete without its assistance. A knowledge of these facts confronts the student at the outstart of his studies, and he endeavors to shape them accordingly. Having thoroughly studied the opthalmoscope theoretically, he attempts its practical use, but finds after earnest and repeated effort that little or no progress is made. Becoming thoroughly disgusted, the opthalmoscope, and with it opthalmic medicine, is laid aside, and those who talk of seeing arteries and veins, optic disc and yellow spot, of distinguishing between diseases of the different layers of the retina, of diagnosing glaucoma by the condition of the optic disc, and many other such wonderful things, are thought to be drawing considerably upon their imagination, or to possess uncommon faculties which especially adapt them for their work. Now this is a wrong impression, for those who understand the instrument and can make practical use of it, have, as a rule, no special genius, but only excel somewhat in a higher quality, namely, perserverance.

Not a little may sometimes be done by those who have surmounted difficulties in levelling the way for others who may be following in the same path, and it is with this hope that the present article is written.

By comparison of the complex with the more simple of things which are fundamentally alike, study is frequently facilitated. In the present case this is possible. The ophthalmoscope belongs to a class of instruments called specula, which have but one thing in common, namely, the power to illuminate dark cavities and passages by reflected light. To this are added other contrivances which adapt the instrument to different pur-

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poses, and increase its usefulness. For study, three of the class will be sufficient, namely, the vaginal speculum, the otoscope and the ophthalmoscope, whose complexity increases in the order named. For vaginal examination, in addition to the reflection, some means of dilating the passage is required, the walls of the canal otherwise remaining in contact. A tube is used for this purpose, or some modification of a tube, the inner surface of which is made to reflect light strongly. The passage being dilatable, the instrument may be made of such calibre as to admit of enough diffuse light for all practical purposes; and the parts to be examined not being minute, the eye of the examiner need not approach so closely as to cast the shadow of the head upon the instrument. Though, no doubt, a concave mirror would add to the illuminating power of this speculum, yet as it would render its use more complicated without proportionately increasing its usefulness, this addition has not been made; and the vaginal speculum in its tubular form remains the most simple of its class, and best illustrates the fundamental principal common to all. Now, to the vaginal speculum, (modified in size to suit the ear), if we make the addition of the reflecting disc we have an ear speculum or otoscope. The external meatus being surrounded by a bony wall is undilatable, and being small, sufficient diffuse light is not admitted for the close examination of parts which are minute. Moreover, the observers head, being in necessarily close proximity to the instrument, obstructs the light. The use of the disc reflector obviates these difficulties by reflecting concentrated light into the cavity and by enabling the observer to place his eye in the centre of the emerging rays. Thus, so far, we have the reflector as the essential thing in both these instruments, and, as auxiliary, the tube, which serves either to dilate or to straighten the passage, according to its design, and thus to facilitate the examination.

In the examination of the eye, though of all examinations the most difficult, we fall back to the elementary form of the speculum, namely, the reflector. Practically the tube is not here necessary, though virtually we are not without its assistance, for by the intraocular pressure the walls of the organ are kept in the most favorable condition for our purpose, which substitutes the use of the tube.

There is therefore really no essential difference between the ophthalmoscope and a vaginal or ear speculum. But in the specular examination of the eye we encounter the optic lens, which adds a feature to the case not before met with. But suppose that in the use of the other instruments we desire to in-

crease the size of any object under observation, we have but to use such a lens as that of the eye, holding it at its focal distance from the object, and the resemblance is again restored. Now, any intelligent physician would be competent to make such an examination at a moment's notice, but when he makes the attempt upon the eye it is found a difficult matter; a new and very troublesome element has to be dealt with in the power of the lens to oscillate in its focal condition between the extremes of the range of accommodation. What does common sense teach us to do in this case? It is very obvious that if the ocular lens can be placed in the same physical condition as the lens used as mentioned in the other examinations we ought to encounter no greater difficulties, excepting those which arise from the unsteadiness of the eye while under the glare of the reflector, and the minuteness of the aperture through which the observer must look. To so arrange the patient's lens, he has but to look at some distant object in the room, in other words, to fully relax his accommodation. The lens being adjusted at its focal distance from the retina, the rays emanating from it will be parallel, which only requires that the observer's eye should be in the same condition to receive them, when the details of one retina will be transmitted to the other and be pictured upon it in an erect image.

Such are the general resemblances of all specula, indicating clearly that so far as they are alike their management is similar and equally easy, and that the difficulties in the use of the ophthalmoscope arise not from any peculiar complexity of the instrument but from that of the organ for whose examination it is intended. These, as already mentioned are mainly the unsteadiness of the focal adjustment and the uneasiness of the eye and smallness of the pupil under the glare of light, and they can only be overcome by studying them carefully and acquiring expertness with reference to them, by repeated practice in the use of the ophthalmoscope. No more can we expect success in our first attempt at ophthalmoscopic examination than the child can in walking or the boy in swimming. Perserverance gives the only assurance of success, for earnest effort is seldom seen to go without a crown.

The following described little contrivance, which can be made in an hour without any expense, to one who already has an ophthalmoscope, will be found a most valuable aid to the study of that instrument, being in fact an artificial eye, whose parts are at our command and may be arranged in a variety of ways so as to produce all the conditions found in the eye, as

nearly, at least, as an artificial can resemble an organic structure. A cylinder of cardboard two inches long, and one and one-half in diameter is first to be made, and then two covers, one for each end of this. One cover must have a ring of one and one-half inch in depth; the other one-half inch, so that when both are on the cylinder they will cover it completely. The shallow cover is to be used as the top; the other is the bottom of the instrument. In the top cover make a central aperture about the size of the natural pupil, and ream its edge with some polished substance till it is smooth and free from projecting fibres. In the top end of the cylinder, about one-eighth inch from the edge fasten a diaphragm, also perforated. This opening must be one inch in diameter. Now place some fine print in the bottom and a two-inch lens between the top and diaphragm and the instrument is complete and ready for use, in all respects as an eye would be in ophthalmoscopic examination. The depth of the rim of the bottom cover enables the student to adjust the instrument for lenses of different powers by drawing it out, and in the same manner to produce the condition which so puzzles the sudent when observing in the erect image an eye adjusted for some point short of infinity. The lens, being adjusted for a point beyond its focal distance from the print, the rays diverging from the object will emerge from the lens in a converging direction, and being thus received by an emmetropic eye adjusted for parallel rays, must meet in the vitreous and form circles of diffusion upon the retina, giving rise to one of the difficulties which the learner so often encounters and knows so little how to explain and remedy. Another advantage of this instrument which is not of least importance, is that it is always at our command and may be studied at times when persons can not be found willing to submit.

Having now shown that the ophthalmoscope is a simple instrument to manage and understand, and also pointed out when and what the difficulties in ophthalmoscopic examinations are, and having suggested a means by which to facilitate the study of this instrument and these difficulties, I hope I have done something to encourage and assist those who may be interested in understanding diseases of the eye.

BORACIC ACID AND ITS APPLICATION.

Dr. Leonard Cane thus dicusses, in *The Lancet*, the value of this chemical as an antiseptic:

The use of boracic acid and the different preparations containing it has been introduced as part of the antiseptic system, and its advantages have

been well dwelt upon by Professor Lister, Mr. Godlee and others. But it is as a *simple* dressing for wounds of all kinds, altogether apart from the antiseptic system, strictly so called, that I wish to draw attention to it.

However great the advantages of Mr. Lister's method of dressing wounds, it is undoubtedly felt by the great majority of surgeons, especially those engaged in private practice, and whose time is often limited, that the details and the time required for their proper performance practically prevent its use in all ordinary cases. In hospital practice, where skilled assistance is always at hand, and in the higher class of purely surgical practice, I believe that the antiseptic mode of dressing wounds is by far the best. But we want something which, while it has to a certain extent the merits, yet is without those tedious details, and which can readily be performed by any one without assistance.

The preparations of boracic acid have now been rather extensively tried by me for some months, and in all the cases in which they have been used the results have been good, and decidedly better than under the ordinary methods of dressing. The most convenient forms for use are the boracic (boric) lint and cotton-wool, a concentrated watery solution of the acid, and boracic ointment. Boracic lint is prepared by soaking lint in a saturated boiling solution of the acid. On drying the lint a copious deposit of fine flaky crystals takes place between its fibres. Cotton-wool may be similarly served, and when dried and carefully picked out forms a very useful dressing. The concentrated solution is made by dissolving the acid in boiling water to saturation. The ointment is made by rubbing down one drachm of the acid with one ounce of simple ointment, or benzoated lard.

Boracic acid, unlike most antiseptic agents, is bland and unirritating; and, whilst its non-volatility renders it less useful in some cases than carbolic acid, its great superiority to this and to chloride of zinc resides in its unirritating nature. The boracic lint is best used as a dry dressing; and for recent wounds, where simplicity is desired, it has no equal. A pad of lint applied immediately over the wound, and kept in place by pieces of strapping, is all that is required, and union by first intention is a common result.

For boils on the neck and elsewhere the boracic lint is an excellent application; a piece large enough to hide the boil, and covered with a piece of gutta-percha tissue, often gives great relief. For carbuncles and other cases in which it is desired to apply a poultice, I have found the new "Instantaneous poultice," prepared from Iceland moss by Messrs. Rigollot, a capital and efficient remedy. The poultice should be prepared by soaking it for a short time in the boracic lotion, and when applied should be covered with gutta-percha tissue.

Lastly, in some of the vegetable parasitic diseases, such as pityriasis versicolor, tinea circinata, etc., the boracic lotion and ointment will often be found serviceable

Briefly to sum up the advantages of boracic acid :—

1. It is an antiseptic which does not irritate and inflame, and so allows the natural processes of healing to go on without much interruption.

2. It is exceedingly simple in its application, and can be used apart from all the details required by a thoroughly antiseptic method.

3. It can be used in the shape of the lint lotion, cotton-wool, etc., in combination with most other methods of treatment.

4. Its cost is trifling; and though this is of secondary importance, it is a feature of the treatment which will recommend its employment in workhouse infirmaries and in dispensary and parish practice.

THE ARREST OF HÆMORRHAGE.

In a late lecture, Mr. Maunder stated his conclusions from his cases of hæmorrhage, as follows:

1. That no operation is to be performed when bleeding has ceased, unless a repetition of it would directly endanger life.

2. That the bleeding vessel is to be sought at the seat of injury, and to be secured, if divided at both ends, either by a ligature or by torsion; if only wounded, by a ligature above and below the wound; or after section, by torsion.

3. That the injured vessel is only to be tied on the cardiac side of, and at a distance from, a wound in it, when the attempt to secure it at the wound has either been made and failed, or when such an attempt would be either anatomically injurious or pathologically useless.

4. That it is desirable to ligature the brachial artery, rather than both radial and ulnar, for secondary hæmorrhage from the hand.

5. That ligature of the brachial, while it stops bleeding, also arrests destructive inflammatory changes caused by useless local efforts to check hæmorrhage.

6. That the blood flowing from the distal side of a wound in an artery, or ligature upon it, will in the lower extremity be often, in the upper extremity occasionally, venous in color.

7. That in malignant disease, when the growth cannot be removed and it is impossible to check bleeding by milder measures, the feeding artery may be ligatured in its continuity.

MARVELS OF GALVANIC SURGERY.

The *American Observer* for August contains an article by Dr. Gilchrist on the surgical use of electricity, in which he makes an attempt to convince the readers of this journal of some wonderful results obtained by him with electricity in certain surgical operations.

By one entirely ignorant of the different effects of the peculiar currents of this agent, Dr. Gilchrist's recitation of cures might be taken as facts, but never by any one at all conversant with the science of electro-surgery, and unless the Doctor can clear up certain inaccuracies with which his statements are

shrouded, very little confidence will be placed in his report of cases, by those who have given electro-surgery any special attention.

It would be a waste of time were I to attempt an analysis of the Doctor's statements in regard to his peculiar kind of electricity; suffice it, however, that any elementary work in chemistry will convince the reader of Dr. Gilchrist's conglomerate idea in regard to galvanism, electro-galvanism and electro-magnetism.

One fact, however, is sufficient to destroy confidence in the report of Dr. G's cases, with those who have given their attention to electro-therapeutics and surgery. In his article he states that in his opinion, galvanism is more potent for surgical operations than electro-magnetism. This fact those at all acquainted with the subject do not doubt; but, almost in the same sentence he states that in all his operations he had employed a single-cell Well's instrument, and I presume that he means a single cell induction apparatus, after the pattern of Dr. Wells. Now it must be understood that this apparatus furnishes purely electro-magnetic currents, the first and large, short wire of the coil furnishing a current of larger quantity with less intensity, the other wire being a long, thin one, furnishing a higher intensity with less quantity, but both being of the magnetic kind, all incapable of producing electrolysis or chemical decomposition of tissue. The cases reported by Dr. Gilchrist as having been cured by the electric currents produced by a small cell Well's induction apparatus, are all of the kind to require a constant galvanic current of considerable quantity and proportionate intensity to overcome the resistance of the tissues to be affected chemically.

In the case of *organic* impermeable stricture reported by the Doctor, he claims that, "in ten minutes the catheter slipped into the bladder, and to-day, a year afterward, the urethra is patent, and no trace of a stricture can be discovered." If the

catheter really did pass into the bladder with the current used, it proves that there was no *organic* strictures present; it must have been only a simple spasmodic affair which the Faradic cnrrent might have relieved. An organic stricture can only be successfully treated by the galvanic current, which must be applied with the greatest care, as great injury may result from the application of a decomposing current to the sensitivc urethra.

The second case is certainly a most wonderful one in its results, and as he has stated, "In the few cases in which I have had the privilege of employing the battery, the apparatus has been a small single cell Well's instrument, and the success has been so much above my most sanguine expectations that I can readily credit the wonderful stories we hear of the achievements of the larger and more perfect apparatus." If, indeed, with such an instrument he can effect such results, there are no bounds to the domain of electro-surgery. Here is a case of "complete atresia of the vagina from the vulvo-vaginal outlet to a point near if not quite up to the os uteri. The adhesion was so firm that nothing but a prolonged dissection seemed likely to overcome the difficulty. An attempt was made to carry this out, but it was attended by so many difficulties, owing to the density of the adhesions, that further operations in that direction were suspended." Accordingly he introduced an insulated vaginal electrode attached to the negative pole, and after an hour's use there was no perceptible change, except a discharge of brownish fluid. What was this fluid, and why did the Doctor recognize in it a favorable sign and suspend operations for a day or two, until it should cease? The fluid, if it were the result of electrolysis, would be of a soapy, foaming character, and would cease soon after the operation had been suspended. The fluid he speaks of could not have been the direct result of the current used, but might have been a menstrual flow. In the first place, no one, I think, with any knowledge

of the agent employed, would use any current for the length of time he claims, as all the good obtainable could be had after a use of from ten to twenty minutes. Secondly, it is beyond the power of any electric process to remove such adhesions in the time specified by the Doctor.

The electric-cautery is the only means to accomplish the division of such an extent of adhesions, providing the use of the knife is inadmissible.

In regard to the cases of hydrocele, the cure can only be accomplished by a decomposition of the fluid in the sac by the galvanic current—an induction apparatus proving entirely inefficient.

In concluding let me state that a little more knowledge and experience in electro-surgery will doubtless convince the Doctor that his theory of cure of the cases he has reported, by electro-magnetism, should be discarded, and that he must consider himself a worker of some of the miraculous cures, accounts of which frequently find their way into our journals.

J. H. BUFFUM, M. D.

Pittsburgh, August 24th, 1876.

REPLY.

It is an inexpressible comfort, Mr. EDITOR, to find that our stock of oracles are not exhausted; that we have some divinely authorized censors still in the flesh, ardent in the pursuit of their self-imposed duties. I take it for granted that the gentleman who so courteously and condescendingly takes me to task for ignorance of the elementary principles of chemistry, etc., speaks from actual personal experience with the derided battery I employ, and has reached the *ultima thule* of medical knowledge, at least in this direction. If this is the case, I hasten to prostrate myself at the feet of this Gamaliel, and humbly beseech him to "at me again." If it is not the case, and really it may well be so——, let me tell him a little story.

Mr. Fox, the great English statesman, when riding in a stage coach, was accosted by an entire stranger: "I know you are Mr. Fox, and while admiring your talents must say, damn your politics."—To which Mr. Fox replied, "I do not know who *you* may be, sir, but while admiring your frankness, must say, damn your manners." So may I say, that the Doctor's kindness in rebuking me is commendable, but his method is certainly a "leetle" sharp; in fact, enough so to take off some of the authority that might otherwise attach to it. If he will have the goodness to admit others may not only know as much as himself, but even some things that he does not know, and experiment a little before denouncing so roundly, who knows but he may review *himself* once in a while, perhaps even the present article? I have never cured such a queer case of pulmonary disease as he gives us in the August *Hahnemannian* (p. 31), with transfusion of lamb's blood, or anything else, but I am willing to believe that *he did cure that case*, even if it does seem miraculous, incredible, without precedent, or any scientific reason therefor. If I attempt to abuse him some day, I will, however, wait *until I have tried it*, and then be governed by the result, when I take up the critic's pen. *Verbum sap.*

Respectfully, J. G. GILCHRIST.

Detroit, Mich.

THE ARREST OF HÆMORRHAGE.

[By mistake of printer the following lines were left off from the article with above heading on page 552.—ED.]

8. Where a part is more or less disorganized, and hæmorrhage renders repair very doubtful, amputation should be performed to arrest bleeding and remove a hurtful member.

9. Indirect compression will occasionally arrest severe bleeding.

10. That both the axillary and the femoral arteries may be wounded, and a pulse be felt at the extremity of the limb.

11. That a wound in an artery may be recognized by the warm blood impinging on the inserted finger.

12. That direct compression upon the bleeding point will often succeed after the main artery has been tied, though it failed before; and this fact is a justification for tying a main vessel.—*Medical and Surgical Reporter.*

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

THE LIVER.

HISTORICALLY, ANATOMICALLY, PHYSIOLOGICALLY, PATHOLOGICALLY, AND CLINICALLY CONSIDERED.

COMMUNICATED BY W. MORGAN, ESQ., M.D., BRIGHTON.*

Acute, or Yellow, Atrophy of the Liver.

SYNONYMOUSLY.—The Atrophia hepatis flava sive, acuta Hepatitis diffusa vel Hepatitis diffusa, or diffuse inflammation of the Liver.

HISTORICALLY.—Morgagni, in his work entitled, 'De sedibus et causis Morborum,' gives us the first authentic records of acute wasting of the liver. Long before this, however, cases of the same kind were noticed by various authors, as Jacob Vercelloni in 1660 gives an account of the disease from which his brother suffered. Being hardly pressed by his creditors one night, he became suddenly jaundiced from fright, and soon fell into a restless delirium, with an irregular pulse and panting respiration, and died on the third day. Rubens, about the same time, gives an analogous case. Baillou records the case of a boy, only fourteen, who, on the fifteenth day of an apparently slight attack of jaundice, with clay-coloured stools, suddenly fell into delirium and convulsions, gave utterance to loud articulate sounds, and suddenly died. In the works of Morgagni we find other cases recorded, and in addition two interesting ones from the practice of Valsalva, in both of which the jaundice was the result of violent mental emotions. Both patients were young, and died, one in two days, the other in twenty-four hours after the commencement of the jaundice. For a more accurate description of the anatomical character of Acute Atrophy of the Liver, we are deeply indebted to the indefatigable labors of more recent pathologists, particularly Rokitansky, of Vienna, and our own Budd.

SYMPTOMOLOGICALLY. — Acute Atrophy of the Liver presents symptoms of grave import, which ought not to escape the observant faculties of the practitioner. It is sometimes

*Homoepathic World.

preceded by a preliminary stage; at other times it manifests itself without the slightest warning. The incipient symptoms present nothing very characteristic; usually they resemble the symptoms of an acute gastro-enteric catarrh. A patient so affected gets out of sorts, and simply complains of dullness and headache; the tongue is coated; the bowels irregular, sometimes relaxed and sometimes costive; the abdomen is tender, particularly that portion which appertains to the region of the liver; and the pulse is accelerated. Sooner or later, sometimes not until after the lapse of several weeks, a slight jaundiced tint supervenes upon these derangements. This jaundice may exist in the simple form from eight to fourteen days, or even longer, before the local changes take place in the liver and spleen, the hæmorrhages and the very serious nervous derangements which so prominetly characterise this disease become apparent.

Acute Atrophy of the Liver runs a more or less reckless and violent career, and in severe cases death closes the scene at the end of twelve or twenty-four hours; in other cases after two or five days, and is scarcely ever prolonged to a week or ten days.

In the severe types of the disease the premonitory symptoms are usually ushered in with vomiting, by means of which there is first thrown up the ordinary contents of the stomach, then is followed grey mucus, and lastly blood, in the form of a dirty brown or black coffee-ground substance. There is severe pain in the head, which soon lapses into delirium. In the generality of cases this delirium is noisy; the sufferers scream out, beat themselves, endeavor to leave their beds, and are with difficulty restrained. In other cases they are quieter, lie in a comatose condition, and are only roused by loud shouting. The delirium is sometimes succeeded by convulsions, which extend over most of the voluntary muscles, or are confined to certain localities, such as the muscles of the face and neck; occasionally they appear in the form of trismus or lock-jaw; and in other cases one half of the body is implicated to a greater extent than the other. After a time the patient becomes by degrees more and more tranquil, the state of excitement gradually passing into a stupor, and finally into a deep coma; there is a vacant stare, the pupils become large, react but slowly to the light, and the respiration becomes sighing, intermittent and stertorous. The pulse, which at first is slow, continues so, so long as the jaundice remains simple; but as the nervous system becomes more exalted, it increases in frequency, and gradually rises to 110 or 120, and

even more; at the same time it presents variations in frequency and volume which are very remarkable, as sometimes when the patients are roused, the pulse rises from 70 or 80 to 120 or 130, which soon lapses again to its normal standard, or even below it. These variations in the frequency of the pulse cease when the disease draws towards a close; the pulse then increases in frequency, diminishes in calibre, and becomes smaller, smaller, and smaller, until it can no longer be felt, and the mirror, when placed at the mouth, is no longer tarnished.

The tongue an dteeth are covered, at an early stage of the disease, with a sooty crust; the abdomen is tender, particularly in the right hypochondriac region; and even when the patient is in a dreamy, comatose condition, the application and pressure of the hand over that region is responded to by hippocratic distortion of the features, and loud muttering complaints. The boundaries of the normal dimensions of the liver become less and less as the disease advances; whilst that of the spleen is increased. The bowels are, as a rule, confined, and stools are firm, dry, pasty, clay-like, and deficient in bile, and at a later period are of a dark tarry color, indicating the presence of grumous blood. The secretion from the kidneys and bladder is normal as to quantity, always of an acid reaction; its specific gravity varies from 1012 to 1024, and holds in solution albumen, amorphous mucus, epithelium, urinary casts, and a brown coloring matter, which yields bile-pigment to the usual chemical tests; but the most important constituents found in the urine of those suffering from acute as well as chronic Atrophy of the Liver, and which may be considered as pathognomonic of the complaints — conditions, likewise, which hitherto have not been found in any other diseases—are large quantities of Leucine and Tyrosine, coupled with the gradual disappearance of the urea and phosphate of lime.

CHEMICALLY.—Leucine is, when pure, a white, non-crystallisable, odorless, and tasteless organic fatty-looking substance, composed in one hundred parts of

Carbon,	54.96
Oxygen,	24.44
Nitrogen,	10.68
Hydrogen,	9.92
	100.00

And although looking something like fatty matter, yet it is quite different from it in its chemical reactions; for it is very

soluble in water, strong acids, and alkalies; sparingly soluble in alcohol, and quite insoluble in ether.

In searching for Leucine, about half an ounce of urine should be slowly evaporated to the consistency of a syrup, set aside to cool, and afterwards examined under the field of the microscope, when circular, oily looking discs, occasionally laminated like the granules of potato-starch, will be revealed to sight. The best chemical test hitherto discovered is that proposed by Scherer, and confirmed by Frerizchs and Harley—namely, to put a small quantity of the urine on the platinum spatula, add nitric acid, evaporate to dryness, and then treat the residue with caustic soda, which dissolves it. When the solution thus obtained is concentrated, an oily-looking drop is formed, which can be readily rolled on the spatula.

PHYSIOLOGICALLY. — Leucine has for some years been known to scientific men as a normal product of some of the organs of the body; and according to the researches of Liebig, Scherer, Frerizchs, Neukomm, and Harley, it may now be said to be one of the normal constituents of the spleen, liver, pancreas, lungs, brain, thymus, and thyroid glands; but whether it exist in the healthy living body as such, or is only a morbid product of decomposition, is not yet a settled question. Be that as it may, one thing is quite clear, viz., that its quantity is vastly increased during disease, and that its appearance in some of the excretions is a diagnostic sign of considerable importance and of great value.

Secondly, Tyrosine belongs to the same class of substances as Leucine. It differs, however, from the latter by its being crystallisable, and when pure it crystallises in fine white, glistening, stellate groups of small prisms; or very thickly set stellate groups of fine needles or spiculated balls, not unlike a rolled-up hedgehog, with bristles sticking out in all directions.

Chemically, it is similar to Leucine, one hundred parts yielding

Carbon,	52·67
Oxygen,	26·52
Nitrogen,	7·73
Hydrogen,	6·08
	100·00

Tyrosine is an odorless, tasteless substance, but when burned gives off an unpleasant smelling vapor. It is soluble in acids, alkalies, and boiling water; it is insoluble in cold water, ether, and alcohol.

The most simple test for the detection of Tyrosine is that proposed by Scherer—namely, to moisten a few crystals with strong nitric acid on a spatula, and slowly evaporate to dryness. The residue, which is of a fine rich yellow color, when moistened with hydrochloric acid becomes red. If the mixture be again evaporated to dryness, it yields a blackish residue; reactions which are thought to be quite characteristic of tyrosine.

Tyrosine, however, as met with in urine, is generally so mixed up with leucine and other abnormal matters, that before applying the test, it is necessary to purify it. This may be done by precipitating all the coloring matter by means of a solution of basic acetate of lead; filter, and then free the liquid from the excess of lead by means of a current of sulphuretted hydrogen; again filter, and evaporate the clear liquid to nearly dryness, when the tyrosine will crystallise in the white stellate groups of small prisms, or thickly set groups of needles or spiculated balls, already described.

Another mode of testing for impure tyrosine is that recommended by Hofmann—namely, add to the suspected solution a little nitrate of the protoxide of mercury, which will throw down a red precipitate, and turn the supernatant liquid rose-colored if tyrosine be present.

Frerizchs gives the following: The suspected substance is put into a watch glass along with sulphuric acid, and after standing half an hour the mixture is diluted with distilled water. It is next boiled and neutralized with carbonate of soda, filtered and to the clear filtrate a few drops of perchloride of iron, devoid of acid, is added, when the presence of tyrosine is recognized by the formation of a dark purple color.

Should these tests, however, fail in yielding sufficient evidence of the presence of either leucine or tyrosine, we must then resort to the use of the microscope, which fortunately is amply sufficient for all practical purposes.

PHYSIOLOGICALLY. — Tyrosine may be obtained from almost all the organs in which leucine is to be found. It can scarcely, however, be said to be a normal constituent of the human frame, but rather appears to be one of the artificial products of the decomposition of highly nitrogenised matters. It also proves that it can be artificially obtained in large quantities by acting upon horn, hair, or feathers with sulphuric acid.

PATHOLOGICALLY. — These remarkable and peculiar properties of the urine indicate the existence of grave and deeply important, although long unrecognized, abnormal states of the

metamorphosis of matter; and they furnish no small insight into the transformations which take place in the albuminous principles, in cases where the functions of the liver are arrested. They likewise furnish prominent landmarks to the anxious physian, which enable him to give due warning that the appearance of leucine and tyrosine in the urine of his patients is an almost certain sign of a rapidly approaching fatal termination. As a pathological product, tyrosine is occasionally met with in the kidneys, in the urine, and in the liver in a free state. In acute yellow atrophy it may be almost said to be constantly present in all of these situations, as Frerizchs, Neukomm, Scherer, Staedeler, Harley, and others, have met in all cases brought under their notice well formed crystals of tyrosine in the tissues of the atrophied liver, kidneys, and in the urine, without subjecting the one or the other to any chemical manipulation, but merely placing the morbid product under the field of the microscope.

Tyrosine has also been detected in the urine of those suffering from severe Small Pox, from Typhus complicated with Jaundice, and from Chronic Atrophy of the Liver supervening on obstructed gall-duct. The peculiarity of urine of most value in a clinical point of view is the deposit, upon exposure to the cold, of a greenish-yellow precipitate, which, even with the naked eye, and still more readily upon microscopical examination, can be recognized as differing from all other deposits.

This has been amply confirmed by the observations and researches of Frerizchs, Murchison, Harley, and others. Harley, in his excellent work on "urine and its derangements," puts the following leading and practical question: "Where does the tyrosine met with in disease come from?" The results, says that author, of my experiments on animals to which jaundice had been artificially given, led me to the belief that tyrosine and leucine stand in the same relation to each other in disease as the two bile-acids, glycocholic and taurocholic, do in health. Glycocholic acid is crystallisable, taurocholic is not.

"The urine of some of the dogs to which I gave artificial jaundice by the subcutaneous injection of bile, contained both leucine and tyrosine, and even in one of these cases crystals of tyrosine spontaneously formed in the bile taken from the animal's gall-bladder immediately after death, and merely allowed slowly to evaporate. In another case, again, free crystals of tyrosine were encountered in the tissue of the liver itself, all of which facts led me to the conclusion that tyrosine and leucine are the products either of the arrested or of the retrograde metamorphosis of glycocholic and taurocholic acid."

VERBASCUM THAPSUS IN ENURESIS, ETC.

MR. EDITOR—The August number of the OBSERVER contains an article on "Electricity in Enuresis," which is an excellent article for such a journal as the one from which it was quoted, the *Boston Medical and Surgical Journal*, but it seems unworthy a place in a journal like the OBSERVER. The reason is this: Homœopathic medicines cure such cases with but little trouble if rightly administered. The old school is obliged to resort to all kinds of expedients, and then many times failure is their reward. With the remedies at his command, the homœopath will rarely fail if he selects carefully the homœopathic remedy; but as failures have been reported by good homœopathic physicians, I wish to call the attention of the profession to a remedy but little used, and in which I place implicit confidence. When I was a little lad (please accept my roundabout explanation) my father accidentally fell into a swift river, and before he could get "righted up" ready to swim he had been rolled over several times, filling both ears with water, which produced serious deafness. Months later a blind traveler, for lodging and food received, volunteered to cure him.

℞. Take the blossoms of the common Mullen, "*Verbascum Thapsus*," and fill a dark (junk) bottle full, cork it tight (nothing else in the bottle), and hang it in the sun for five or six weeks; then pour off the "oil," a dark liquid, one or two ounces from a quart bottle, and drop a little in, and rub some behind the ear on going to bed. The result was, he was perfectly well the next morning; and I have known the same result many times since, where there had been no sores in the head.

Dr. T. S. Scales, Woburn, Mass., says the ear-ache in scarlet fever is speedily cured in the same way.

Wishing to know if these cures were homœopathic, I made a proving of the remedy ten years ago, and one of the most prominent symptoms was a constant dribbling of urine. Since that time I have treated many cases of enurisis, mostly nocturnal, some of which had resisted years of treatment by old school and new; and I do not know of one thus treated that has not been cured.

Dr. David Thayer, Boston, says when he has not been able to get

this preparation, he has cured some cases with tincture made from the plant, then attenuated. I usually use the third dilution.

A. M. CUSHING.

Lynn, Mass.

IODIDE OF ARSENICUM IN CHRONIC OPHTHALMIA.

BY WILLIAM PROWSE, M.R.C.S.L., CAMBRIDGE.*

E. H., a lad aged seven years, born in India, where on more than one occasion he had been the subject of the low fever of that country, was brought to me on the 12th of June, 1876, suffering from a Chronic Ophthalmia. The disease had hitherto proved of an intractable nature. For the last twelve months he had been residing with his relations in England, at first in a healthy suburb of London, and latterly in this county, whither he had been ordered by his London physician for the benefit of the change of air, which it was hoped would cure him of a "Rheumatic" Ophthalmia which had become chronic; but when he was brought to me there had not been any improvement for some weeks.

There was then much suffusion of the conjunctiva of the lids, and also of the ball in both eyes; great intolerance of light, necessitating the constant use, even on dull days, of a shade; and some glutinous discharge which prevented the opening of the lids on awakening in the morning, but there was very little, if any, purulent matter secreted. The little fellow's appetite was very good, and much animal food was daily consumed by him, but bread was sparingly taken, and milk and vegetables entirely refused. In prescribing for the patient, who was undoubtedly suffering from a scorbutic affection, it was most needful to insist on the importance of a mixed diet, and in various ways to overcome his objection to other than animal food. He was therefore ordered to take, in addition to the medicine, cocoa made with milk at his morning and evening meals, fruit ripe or dressed, with a daily allowance of watercress, or other seasonable salads. The *Iodide of Arsenicum* in the sixth dilution three times a day was the one remedy given, and persisted in till the cure was completed in about five weeks.

My advice was most carefully and strictly complied with. After eight days trial I received a letter from his friends giving

* Homœopathic World.

a favorable report of my little patient's progress. The eyes had been steadily improving all the week, he was then able to open them in the mornings with very little difficulty, and there was but little discharge at any time; there still, however, remained a little more fulness of the lids than was natural to him, and he shrank from a strong light; he was also reported as looking better, and having gained a little flesh.

As this case was going on so well, the same treatment was persevered in for three weeks longer, at the end of which time the eyes were clear, bright and open, and the patient did not then complain of light unless very strong. He was not allowed to go out of doors without his shade, but great hope was entertained that it might soon be left off altogether. The greatest inconvenience he now felt was when reading, and that he could not continue to do long as the eyes watered and became painful. The medicine was ordered to be continued, and again, nine days later, on the 22d of July, I heard that my patient's eyes appeared to be quite well, that he had left off his shade, and had not complained of the light, moreover he could then read with comfort.

GOITRE IN SIBERIA.—(*Jour. de la Societe de Satistique.*)—Goitre prevails only to a slight extent in Russia in Europe, its vast plains offering few facilities for its development. It is, however, met with in some isolated villages in some of the governments. In Siberia, on the contrary, it prevails endemically. According to a statistical account published by Dr. Hachine, in a population of 365,810, in the government of Irkoutsky, which is watered by the Lena and its affluents, there existed, in 1870, 3.400 subjects of goitre and 161 cretins. In some small villages 12 and even 25 per cent. of the inhabitants were goitrous, and a Cossack regiment 5,040 strong furnished 436 instances of goitre. The affection, it is said, was not known in Siberia previous to the Russian conquest, and is chiefly due to the accumulation of filth and manure in the deep, unventilated valleys where it prevails. Its presence is much favored by the habit of the Russian peasants of keeping their abodes perfectly closed up, and which they have carried with them to Siberia. The indigenous inhabitants, who frequently change their places of abode, which are also better ventilated, are only exceptionally goitrous, and then when they adopt the Russian mode of life.

FEMALE MEDICAL STUDENTS. — *Homœopathic World* says: There are at present 63 female medical students in Switzerland, 20 at Paris, and one in Italy. The latter is a Russian, and rejoices in the name of Pepper. The students at Paris are chiefly English and Russian, only three or four being French. Amongst the 63 in Switzeland are 39 Russians, eight Americans, five Austrians, four Germans, three Servians, one English, and one French.

C.—Conjunctivitis Gonorrhoica.

ACUTE GONORRHŒAL OPHTHALMIA.

This variety of conjunctivitis differs in no essential respect from the acute form of purulent ophthalmia already described, except in the specific nature of the exciting cause, and in the more violent and rapidly destructive character of the inflammation. Instead, therefore, of giving a detailed description of symptoms, which, for the most part, would be but a repetition of those mentioned in the preceding article, we shall content ourselves with merely pointing out the characteristic features of the disease, by way of

DIAGNOSIS.—Gonorrhœal conjunctivitis in its most severe form is, with perhaps a single exception, the most rapidly destructive form of purulent ophthalmia known; frequently destroying the eye, or producing irreparable mischief to the organ, within a few hours. The disease, which at first is generally confined to the conjunctiva, producing symptoms similar to those of simple catarrhal or purulent ophthalmia, soon extends to the globe, causing the most severe and agonizing pains in the head and eye, accompanied with great chemosis, excessive photophobia, and a more or less violent febrile movement of the circulation. At this stage the tumefaction, both of the lids and the orbital conjunctiva, is extreme, completely closing the eye, and rendering a satisfactory view of the cornea utterly impossible. As the œdema declines, one or both of the eyelids generally become everted, producing temporary ectropium.

As between the highest degree of catarrhal inflammation and the milder form of simple purulent ophthalmia there is a striking resemblance in the local symptoms, so between the severest grade of purulent inflammation and acute gonorrhœal ophthalmia there is a similar resemblance. The swelling of the eyelids, which is always considerable, is generally more marked in the former, while the chemosis, or œdema of the con-

junctiva oculi, is greater in the latter; the discharge, also, is generally of a brighter yellow, more creamy in consistence, and more abundant. But the chief difference between them is that the latter sets in suddenly with the greatest violence, and proceeds with such rapidity as to terminate in a few hours or days, either by resolution, or what is more common, by destruction of the organ. Again, gonorrhœal ophthalmia, with but few exceptions, attacks only one eye, while the purulent or contagious disease generally affects both. Finally, sloughing of the cornea, which is a frequent consequence of gonorrhœal inflammation, seldom or never occurs in simple purulent ophthalmia.

RESULTS.—The immediate results, unless relieved by treatment, are: ulceration, suppuration, and more or less sloughing of the cornea, together with interstitial deposition into and between its laminæ. The more remote consequences are: corneal opacity, synechia anterior, obliteration of the pupil, staphyloma, and collapse of the globe. Sometimes the sloughing process, though general, is limited to the anterior laminæ of the cornea, the posterior layer or membrane of the aqueous humour being left, so that the anterior chamber is not exposed; in which case the front of the eye remains flattened, or is bulged forward by the protruding iris, forming what is called *staphyloma racemosum*.

PROGNOSIS.—In a large proportion of cases, vision is either lost or seriously injured. Since the inflammation is not equally violent in all cases, the prognosis chiefly depends upon its comparative mildness or severity, and upon the state of the cornea. If the latter should be clear, the sight may be saved; but if it has lost its transparency, and especially if the inflammation is of the most acute character, vision will probably be lost or seriously impaired. On the other hand, if the inflammation be subdued before extensive sloughing or ulceration occurs, the sight may be restored.

ETIOLOGY.—This form of ophthalmic inflammation always

arises from some kind of connection, either innoculative, constitutional or metastatic, with the gonorrhœal virus. It has been satisfactorily proven that the application of gonorrhœal matter, either from the patient's own urethra or from that of another person, is capable of exciting the disease in its most intense form. In a large proportion of cases, however, no such direct application of matter can be traced; and hence the inference is unavoidable, that the disease frequently arises either from metastasis, as orchitis or mammitis arises from mumps, or else that it depends upon some peculiar condition of the constitution, in the same manner that rheumatic or arthritic ophthalmia depend upon similar states of the system to those in which they respectively occur. Probably the latter hypothesis is the true one, since the urethral inflammation is never suppressed by the transference of the disease to the eye, and hence a true metastasis, or translation of the disease, cannot be said to occur in these cases. Moreover, the sudden stoppage of gonorrhœa by treatment is not followed by ophthalmic inflammation, and hence its origin cannot be referred to the cessation of the disease in the urethra.

TREATMENT. — The treatment, both local and general, should be similar to that recommended for acute purulent ophthalmia. The first application should consist of a saturated solution of *Argentum Nitratum*, which should be promptly applied to the diseased surfaces, in the manner described under the head of ophthalmia neonatorum. After the swelling and other effects of the application subside, the remedy should be repeated, observing to lessen the strength of the solution in proportion as the purulent discharge diminishes and the inflammation abates. As a general rule, one application per day will be found to suffice, provided it be sufficiently thorough. It is best made by everting the lids, and passing the camel's hair pencil, loaded with the solution, quickly over the distended conjunctiva, taking care to avoid touching the cornea, and to

wash the lids afterwards with tepid water before returning them, especially the first time the application is made. (*See Fig.* 5.)

It should be borne in mind that the saturated solution of Arg. nit. here recommended is required only in the severest form of the disease. Many cases of gonorrhœal ophthalmia are so mild as to resemble the simple purulent form of conjunctivitis, and then require the same treatment. (*See* § *B.*)

Light linen rags wet with a weak solution of Alumen or Muriate of Hydrastia, and frequently renewed, should be kept constantly applied to the affected eye.

The internal treatment consists mainly of the following remedies :

Acidum Nitricum.—This remedy is not only pathogenetically appropriate, but its use in this form of ophthalmia has been attended with the best results.

Cannabis sativa.—This medicine, used low, is useful in every stage of the complaint, especially if there is opacity of the cornea, or a spasmodic pressure of the lids.

Cantharis.—This remedy is indicated in the first stage, when attended with violent stinging and burning pains in the eye and urethra.

Clematis.—This medicine is most useful in the latter stages of the disorder, in cases similar to those for which Cantharis is recommended.

Hepar sulph.—This is one of our best remedies in gonorrhœal ophthalmia, especially in the second and third stages.

Mercurius.—The same remark applies to this remedy, Mercurius being one of the best, if not the very best remedy for this complaint ; it is more particularly adapted to the highest state of inflammatory action.

Additional remedies for this disorder are given in TABLES XIV. and XV. ; consult also the THERAPEUTIC INDICATIONS at the end of the *Section on Ophthalmic Diseases.*

3.—DIPHTHERITIC CONJUNCTIVITIS.

OPHTHALMIA DIPHTHERITICA; CONJUNCTIVIVAL CROUP.

Closely allied in some respects to gonorrhœal conjunctivitis, but differing widely in others, is the diphtheritic. This disease, which seldom occurs in an idiopathic form in this country, and still more rarely in England and France, is not uncommon at Berlin and in Holland. As it appears with us, it is most commonly associated with diphtheria in other parts, especially the throat, from which it is transferred either by dirict contact of the irritating secretions, by sympathy, or by extension of the disease from the nasal passages through the lachrymal canals.* The violence of the disease is such as to render it extremely dangerous to vision; and when secondary, the danger is greatly increased by the liability to constitutional infection. The idiopathic form is characterized by the following

SYMPTOMS.—The disease sets in suddenly, with heat, pain and stiffness of the lids, which soon become distended, hard and rigid, owing to a fibrinous exudation into the conjunctival and episcleral tissues. There is also chemosis of the ocular conjunctiva, from effusion of the same fibrinous material, the pressure of which upon its vessels, by interfering with the circulation, gives rise to scattered points of extravasated blood. The discharges are at first thin, watery, and of a dirty gray color, or yellowish and flocculent; afterwards they become more or less purulent, the pus globules being mixed with shreds of fibrin and disintegrated false-membrane. On examining the lids, the palpebral conjunctiva is found to be covered with a firm fibrinous membrane, which manifests a disposition to separate at the edges, and may be easily detached with the forceps. The rapidity with which it is reproduced is truly aston-

* See *Am. Hom. Obs.*, vol. v, pp. 70, 71.

ishing, the false-membrane sometimes attaining a thickness of two or three lines in the course of twenty-four hours.

ETIOLOGY.—The exciting causes of diphtheritic conjunctivitis are doubtless the same as those which give rise to diphtheria in other parts; hence it is found to prevail during the cold and damp seasons of the year. Although adults are sometimes attacked, it is generally confined to children between two and ten years of age. According to Williams, some families exhibit a constitutional predisposition to the complaint, the children being successively attacked on reaching a certain age.

PROGNOSIS.—The result, notwithstanding the greatest care and attention, is apt to be unfavorable. The chief danger lies in the great liability to ulceration and sloughing of the cornea from defective nutrition, the corrosive action of the secretions, and the strangulation of the implicated tissues. As an ultimate consequence, we sometimes have entropium, the result of contraction and other structural changes in the conjunctiva and tarsal cartilages.

TREATMENT.—The local treatment should be similar to that already recommended for *Acute Purulent Conjunctivitis*, using, when well borne, ice and ice-water compresses in the first stage, to which may be added a solution of *Kal. chl.*, ℈ij to Oj. In the second stage, when the discharge becomes thick and purulent, the escharotic treatment recommended for *Gonorrhœal Conjunctivitis*, should be adopted. (See the previous section.) If only one eye is affected, the other should be bandaged as a precautionary measure.

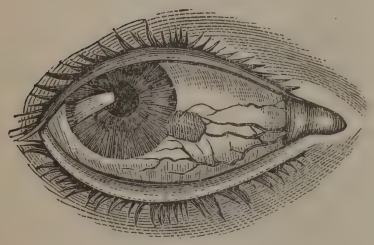
The internal remedies which have given the greatest satisfaction, and from which most benefit may be expected, are the following: *Aconite, Rali chl., Kali bich., Phytotacco dec.*, during the first stage: *Acidum nit., Argentum nit., Arsenicum, Hepar sulph., Mercurius*; during the purulent and ulcerative stage See also *Tables XIV. and XV.*, and the *Therapeutic Indications* at the end of the *Section on Ophthalmic Diseases.*

DIET AND REGIMEN.—Cleanliness, which is of primary importance in every form of contagious ophthalmia, should be rigidly enforced in this, especially if but one eye is affected since, should both eyes become involved, the danger to vision will be proportionably increased. For this purpose an abundance of soft clean rags should be kept on hand, which should, be burned, or otherwise destroyed, as fast as used. Care should be taken, also, to supply the patient with clean clothes nutritious and easily digestible food, clean and comfortable bedding, and an abundance of fresh pure air. If, as frequently is the rooms are small or over-crowded, a liberal use of *Carbolic Acid*, or other suitable disinfectant, should be made, while at the same time the freest possible ventilation should be secured.

4.—SCROFULOUS CONJUNCTIVITIS.

SCROFULOUS OR PHLYCTENULAR OPHTHALMIA.

Fig. 6.



SCROFULOUS CONJUNCTIVITIS.

Scrofulous ophthalmia, as its name imports, is an inflammation of the eye occurring in scrofulous subjects. Its principal seat is the conjunctiva oculi, but it also affects, the episcleral tissue and cornea; and sometimes, in complicated cases, it extends to the choroid coat and iris. The disease is almost entirely confined to childhood; it is said never to occur in infants at the breast, and it is rarely seen after puberty.

SYMPTOMS.—The disease seldom occurs in a purely simple form, but as already stated, is generally associated with more or less inflammation of the cornea and episcleral tissue, constituting what is called scrofulo-rheumatic ophthalmia. It is chiefly characterized by a number of

vessels occupying a circumscribed part of the orbital conjunctiva, generally that which borders upon the commissures of the eyelids, pursuing nearly a parallel course towards the cornea, and forming with each other fasciculi or bundles, which terminate abruptly near the edge of the cornea, without going beyond it. (*See Fig. 6.*) When, however, the disease is combined with catarrhal inflammation, the vessels may extend beyond the border of the cornea, where they assume the fascicular form characteristic of the scrofulous injection. These fasciculi generally terminate in one or more small vesicles, called phlyctæna, which, though not belonging exclusively to this affection, are nevertheless so characteristic of the disease, as almost to justify the term *phlyctenular ophthalmia*, by which it is sometimes called. The vesicle or phlyctæna generally appears first, and afterwards the vessels which run towards it become injected. The vesicle either dries up and disappears, or else breaks, leaving a superficial ulcuscle, which extends itself by ulceration. Sometimes the cornea, instead of being ulcerated, takes on a mammillated nebulous appearance, becoming as it were sanded or dotted over with a number of extremely fine points ; (*non-vascular* or *diffuse keratitis ;*) or a papulous exudation arises, (*vascular keratitis*) which forms a grayish vascular covering to the cornea, giving rise to what is called *pannus*.

The external redness, unless the disorder is complicated with catarrhal inflammation, is generally inconsiderable. On the other hand, owing partly to its combination with keratitis, and partly to nervous or ciliary irritation, the sensitiveness to light is so extreme as to constitute a distinguishing feature of the disease, under the name of *photophobia scrofulosa*. The access of light to the eye is so extremely painful as to cause the child to turn its head obstinately from the light, and, in severe cases, to hide away in the dark, or bury its face in its mother's lap, or in the bed. If the lids are forced open—which, however, need never be done, as both the pain and photophobia

generally abate at dusk, when the child will open its eyes of its own accord—although the cornea is turned up so as to hide the pupil from view, the orbicularis palpebrarum muscle becomes spasmodically contracted on the globe, producing so much pressure as to cause the child to cry with pain. In uncomplicated cases, neither pain nor tears accompany the disorder; but, as already stated, the complaint is generally associated with keratitis, so that, in addition to the pain—which, as already explained, depends partly upon inflammation of the cornea, and partly upon sympathetic or nervous irritation—there is generally a copious flow of tears, especially at the commencement of the disease. These greatly aggravate the complaint, by excoriating the parts over which they flow, producing more or less soreness and itching of the lids and face. This is still farther augmented by scratching and rubbing, which inflame the skin and sometimes give rise to an eczematous or impetiginous eruption, which not only incrusts the affected parts, but may even extend over the head and body.

Owing to the scrofulous disposition of the patient, the disease has a natural tendency to become chronic, or at least to be reproduced by every new influence of an exciting cause, so that after one attack has been overcome, another frequently takes its place, either in the same or the other eye, and thus the disease may continue for months and years, and perhaps never reach a permanent and satisfactory conclusion.

RESULTS.—The pustules or phlyctæna which form at the extremities of vascular fasciculi, or near the junction of the cornea with the sclerotica, frequently ulcerate, the ulcers sometimes extending superficially, at others penetrating into the corneal substance; in the latter case they may open into the anterior chamber, and cause prolapsion of the iris. In addition tion to these results, we have in some instances, pannus, interlamellar effusions into the cornea, onyx, hypopion, leucoma, synechia anterior, and staphyloma. When the inflammation

extends to the choroid coat and iris, alterations, more or less serious, of those membranes occur.

DIAGNOSIS.—Scrofulous ophthalmia is generally easily distinguished by the great intolerance of light, the vesicular elevations of the conjunctiva, the vascular fasciculi, and the co-existence of scrofulous symptoms in other parts of the body. When, as frequently happens, the absorbent glands of the neck are inflamed and swollen, the alæ of the nose red, swollen and excoriated, and the ears sore and excoriated behind ; and when, in addition to these symptoms, there is a disordered state of the stomach and bowels, generally characterized by a fetid breath, furred tongue, morbid appetite, swollen abdomen and costiveness, it is scarcely possible to mistake the affection. Indeed, such is the severity of the ciliary irritation and consequent photophobia in these cases, as of itself to constitute an almost certain guide to the nature of the complaint. It is well to remember, in this connection, that there is a troublesome form of ophthalmic inflammation occurring in strumous children, which is mainly dependent upon the state of the primæ viæ and skin, but which does not exhibit, in any marked degree, the features of ordinary scrofulous ophthalmia. There is generally more external redness, especially of the lids, and but little intolerance of light ; still the disease is esentially scrofulous in its nature, and, like other scrofulous diseases, is extremely obstinate, and and continually apt to recur.

PROGNOSIS.—This, so far as vision is concerned, is generally favorable, provided the cornea remains clear, or, if opaque, the opacity is merely superficial, or is simply owing to interstitial deposition. Vascularity and inter-lamellar depositions generally disappear soon after the subsidence of the inflammation ; even pannus, though it may last a long time, does not endanger the sight. Ulceration produces more or less permanent opacity ; and when extreme, especially if attended with prolapsion of the iris, it generally causes serious injury to vision. Staphyloma

and bursting of the cornea are of course always attended by the most disastrous consequences.

ETIOLOGY.—The chief predisposing cause of scrofulous ophthalmia is a strumous condition of the system. The exciting causes are such as, by depressing the vital powers, are calculated to call into action the scrofulous diathesis, such as cold, damp and variable weather, inadequate clothing, poor and improper nourishment, dark and unwholesome dwellings, insufficient exercise in the open air, disorders of the digestive system, and an inactive state of the skin, bowels and uterine organs. It likewise occurs, for the same reason, after any protracted illness, such as the various exanthemic fevers, whooping cough, etc. On the other hand, if the strumous disposition be strong, the disease may by provoked by mechanical injuries, excessive use of the eyes, want of cleanliness, and even by a change of season. Not unfrequently the disease alternates with other affections, such as otorrhœa, cutaneous eruptions, etc.

TTEATMENT.—This should be general as well as special, that is to say, the treatment should be directed against the general unhealthy state of the system—the scrofulous diathesis—as well as against the attack itself; this is necessary in order both to remove the local affection and prevent relapse. The treatment should also have relation to the particular form of the attack, whether as simple or complicated; the former will require, more especially, the antipsoric remedies, such as Calcarea, Hepar sulph., Sulphur, etc.; while the latter will require those best adapted to the particular complications, such as Belladonna, Mercurius, etc.

Cold applications are, as a general rule, injurious to scrofulous sore eyes, and should therefore seldom be employed; never, indeed, unless the inflammation is combined with some other form of ophthalmia; even in these cases warm applications will be more suitable, and will commonly give most relief. It is generally sufficient, so far as local treatment is concerned,

to bathe the eyes frequently with tepid water, and to shade them with a stiff crescent-shaped screen, which is preferable to a bandage, as it neither overheats the eyes, nor deprives them of the beneficial effects of fresh air.

The principal remedies for scrofulous ophthalmia are the following :

Acidum Nitricum is especially adapted to protracted cases, particularly when the cornea has become nebulous, or clouded with dark spots.

Apis mellifica.—This remedy, though it appears to be indicated in many cases, is generally of doubtful value. We have commonly found it to prove most useful in the first stage of purely scrofulous cases, attended with burning and stinging pains, redness of the conjunctiva, extreme photophobia and lachrymation, a nebulous state of the cornea, and an eczematous eruption on the lids and face.

*Arsenicum.**—This remedy is particularly adapted to protracted cases, especially such as are subject to frequent relapses, characterized by photophobia, keratitis, redness of the lids,and burning, itching and excoriation of the surrounding integuments.

Belladonna.†—This medicine is indicated in cases complicated with catarrhal or rheumatic ophthalmia, especially if the pains are accompanied with acute febrile symptoms.

Calcarea Carb.‡—One of the best antipsoric remedies, especially adapted to purely scrofulous cases of a protracted character, and subject to frequent relapses.

Cannabis sat. is indicated in chronic cases attended with corneal opacity.

Conium mac.—Chronic cases, attended with photophobia,

* See *Am. Hom. Obs.*, vol. vii, pp. 120, 121. (*3d and 30th.*)

† *Ibid.* (3d).

‡ See *Am. Hom. Obs.*, vol. vii. p. 120. (*30th and 200th.*)

spasms of the orbicularis, redness, burning and itching of the eyes and lids, and an eczematous or impetiginous eruption, with soreness and excoriation of the neighboring parts.

Graphites.—This remedy is adapted to both acute and chronic cases, especially if accompanied with eruptions in the face and behind the ears.

*Hepar sulph.**—This is one of the best anti-scrofulous remedies, particularly adapted to protracted and relapsing cases, especially if attended with ulceration of the cornea.

Mercurius.—This medicine is well adapted to both acute and chronic cases, being equally applicable to the inflammatory, exudative and ulcerative stages of the complaint. It is one of our most valuable remedies for scrofulous ophthalmia, and should therefore, in most cases, be used early, and not too hastily discontinued.

Pulsatilla.—This medicine being well adapted to lymphatic constitutions, is especially suited to those cases depending on stomachic and uterine derangements, whether acute or chronic.

*Rhus tox.**—This remedy, notwithstanding its somewhat doubtful indications, has done good service in scrofulous ophthalmia, especially when attended with photophobia, lachrymation, spasms of the lids, and exanthematous or herpetic eruptions.

Silicea.—This remedy is well adapted to chronic cases, attended with ulceration and opacity of the cornea, swelling of the cervical glands, and cutaneous eruptions on the lips and face.

Staphysagria.—This medicine has been found useful in scrofulo-rheumatic ophthalmia, accompanied by spasmodic closure of the lids, glandular swellings, and cutaneous eruptions.

*Sulphur.**—This powerful antipsoric remedy is indicated

* See *Am. Hom. Obs.*, vol. vii., pp. 120. 121. (*3d and 30th.*)

in all chronic and relapsing cases, especially when the cornea is deeply involved, as in pannus, ulceration, interstitial deposition and onyx.

The remedies above mentioned are those of chief importance in the treatment of the ordinary forms of scrofulous ophthalmia ; but inasmuch as the disease is frequently complicated with other forms of ophthalmic inflammation, the prescriber is referred for additional remedies* and details to *Tables XIV. and XV.;* and also to the *Therapeutic Indications* given at the end of the *Section on Ophthalmic Diseases.*

DIET AND REGIMEN.—The diet should be of the most nourishing and digestible character, consisting, for the most part, of good home-made wheat bread, graham bread, oat-meal pudding, fresh butter, tender and juicy beef, good ripe fruit, dried fruit, etc. ; while all such articles as pork, sausage, bacon, veal, coffee, pickles, pastry, etc., should be rigidly excluded.

Suitable and adequate clothing, with proper attention to light, air and exercise, will do much to ward off the disease from those that are predisposed to the affection, and to mitigate it when established.

EXTRACT OF BEEF.—Bouchardat warns against the incautious use of this extract, under the mistaken notion that an increase of dose will be followed by a corresponding increase of benefit. Both he and Stuart Cooper have shown that large doses of the extract are quite injurious. He further asserts that it cannot at all be compared to meat-juice (expressed in the cold from raw meat) as a strength giver.—*Bull. Therap.*

PICRIC ACID—is prepared from carbolic acid by carefully introducing, in small quantities at a time, a stream of nitric acid into pure carbolic acid, or into a previously formed combination of carbolic and sulphuric acids. Other processes were formerly in use ; but the above, which is the subject of your query, is almost exclusively followed at present, owing to the remarkable purity of the product. Commercial picric acid is said to be often adulterated with foreign substances, such as sulphate of soda, borax, oxalic acid, etc. The admixture is easily detected by treating the product with benzol, which dissolves picric acid, while most of the foreign bodies remain insoluble. It may not be useless to add that picric acid and its combinations are liable to explode when exposed to sudden heat ; the picrate of potassa may be exploded by percussion alone.—*Druggists' Circular in reply to J. P.*

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* See *Am. Hom. Obs.*, vol. vi. p. 559.

American Observer.

EDWIN ALBERT LODGE, M. D, DETROIT, MICHIGAN, GENERAL EDITOR.

REGISTRATION OF PREVAILING DISEASES.

Extract from the proceedings of the Warren County, N. Y. Medical Society :

"Dr. Waldo spoke of the importance of establishing a system of recording and publicly announcing the presence and location of several of the more frequent acute diseases. He said : It is well known that a thorough system of meteorological observations is established throughout the entire country, and carried on by the Signal Service Bureau at Washington. Atmospheric changes taking place in all parts of the country are clearly indicated by this organization with remarkable foresight. It is also well known that many of the more violent and fatal diseases prevailing at certain seasons of the year appear in connection with, if not as a direct result of certain peculiar conditions of the atmosphere. It follows that the announcement of the prevalence of the more frequent acute and epidemic diseases throughout the country would prove of very great advantage.

1. By promptly furnishing reliable information concerning the presence and extent of epidemic zymotic diseases giving timely warning of their approach, thereby allaying needless alarm, and enabling those who may be peculiarly susceptible to avoid unnecessary exposure.

2. By affording opportunity to those who make these diseases a special study the better to determine their causes and the laws which govern them, to more accurately announce their probable approach, duration and intensity, and furnish information regarding precautionary measures to be adopted for escaping their influence."

As to Pie-Eaters and Shakers.—*From D. W. Howells's article in the Atlantic for June.*—But after this testimony to their healthful regimen, shall I confess that the Shakers did not seem to me especially healthful looking? They do not look so fresh nor so strong as the same number of well-to-do city people; and they are not, as a community, exempt in notable degree from the ills we are all heir to. Is it possibly true

that our climate is healthful only in proportion as it is shut out by brick walls and plate-glass, and battened down under cobble and flag stones; that the less fresh air we have the better, and that Nature here is at best only a step-mother to our race? But perhaps it is too much to expect a single generation, gathered from the common stock of an unwisely-feeding ancestry, to show the good effects of a more reasonable regimen. The shakers labor under the disadvantage of not being able to transmit a cumulative force of good example in their descendants; they must always be dealing, even in their own body, with the sons of pie and the daughters of doughnut; and Elder Fraser, who one Sunday spoke outright against these abominations, addressing the strangers present, will have to preach long and often the better culinary faith, which the Shakers received from the spirits (as they claim), before he can reach the stomachs, at once poor and proud, of the dyspeptical world out-side.

DETROIT INSTITUTE OF HOMŒOPATHY.

MEETING SEPTEMBER 11, 1876.

Met at the office of Dr. W. R. Gorton; the President, Dr. Hastings, in the chair.

The Secretary being absent, Dr. R. C. Olin was appointed Secretary *pro tem.*

The Scribe's abstract was then read and accepted.

On motion, Dr. P. A. Aikman, of Windsor, Ont., was elected an honorary member of this society. He was invited to participate in the discussions and business of the meeting.

On motion, Dr. B. Rudolph was also elected to honorary membership.

The question of Dr. Ellis' resignation coming up, a committee consisting of Drs. Allen and Bailey, were appointed to wait upon the Doctor and request his presence at the meeting. The committee returned and reported that the Doctor was unwilling to appear, but would withdraw his resignation if the question of State University could be kept out of the discussions.

On motion Dr. Ellis was requested to withdraw his letter of resignation.

After a discussion participated in by all the gentlemen present, on

motion the further consideration of the subject was laid over for one month.

Dr. H. C. Allen then read the appointed paper upon "The Single Remedy," based upon a paper found in a late number of the *Medical Advance*. The essayist took the position that prescribing two or more remedies in alternation, or even in combination, grew out of a habit of indolence, or of ignorance of the materia medica. The report was accepted with thanks.

Dr. Gilchrist thought a study of our cases and materia medica will lead one to prefer one remedy to several. The use of two remedies was too often an indication of uncertainty and ignorance, as is fully shown in the custom of precribing *Acon.* and *Bell.* in alternation, when the indications are entirely opposite in each remedy. A patient could not be in such a condition that the two remedies are needed.

Dr. Bailey thought there were cases in which two remedies might be given, when two diseased conditions exist in the same patient, as in a case of his, in which there was syphilis and colic. Remedies, *Merc. and Coloc.*

Dr. Spranger stated that Hahnemann endorsed or approved of the double remedy plan of Lutze and Ægedi. He thought it important to recognize the (supposed) fact, that a man in active practice cannot individualize all his cases. The human brain cannot hold the materia medica. He doubted the ordinary provings. He also wished to know how the primary and secondary actions are to be distinguished and how treated; quoted the well-known effects of various remedies.

Dr. Gilchrist disputed the accuracy of the Doctor's history. It has been proven that Hahnemann had emphatically repudiated Ægedi's combination plan.

Dr. Spranger thought there were many other methods of cure, as the hygienic, the chemical, the mechanical, etc.

Dr. Woodruff asked Dr. Spranger to explain how he can mix remedies without doing it at random. He also would like to know how the primary and secondary symptoms could be any better detected or understood when more than one remedy is given. Does not admit that there is more than *one* law of cure, although many things may assist in producing a cure, and yet not be opposed to *Similia.*

Dr. Allen thought the use of some of the measures referred to by Dr. Spranger can be fairly relegated to Homœopathy, as the use of hot water in inflammatory cases. The provings have never been pushed to a pathological extent, and is not at all desired, as the course of the symptoms point to a necessary result pathological. Can see no advantage in chemical combinations that are not more readily obtainable by using them singly.

The discussion was pursued at some length with much interest.

Dr. Allen called attention to the reported success of Santonine in renal calculi. Also referred to the use of *China* in biliary calculi.

A warm and interesting discussion then followed upon the treatment of intermittent fever.

Dr. Bailey was appointed essayist, and, on motion, it was agreed to meet at the house of Dr. Bailey.

Adjourned.

An Easy and Painless Mode of Extracting Foreign Bodies from the Nasal Cavity.—*(Med. and Surg. Reporter.)*—Dr. Pearl says: "Rosa Westheimer, aged two years, was brought to my office in July, 1872, for the purpose of extracting a plum seed from her nose, which she had inserted a few hours previously. The seed filled the cavity completely, and was very slippery, consequently I could not get hold of it, and with each attempt to do so it moved further in. It was evident that the object could only be accomplished by getting an instrument back of it; this led me to think of the nasal douche, which would propel the seed forward. I placed the child in position for the nasal douche, with the head bent forward, and applied it to the free nostril, and immediately after turning on the stream of milk-warm salt water the seed was forced out, and fell into the basin, with a loud sound, calling forth an exclamation of joy and relief from the anxious mother.

"I have since then had occasion to extract other foreign bodies from the nasal cavity, and have used the douche, as above, with like success. As I have no recollection of ever having seen it mentioned in medical works, and as it is so much easier than the usual method, causing no pain whatever, I tender it for publication."

Shoulder Presentations.—(*Lancet.*)—Dr. Maxson, of Syracuse N. Y., accidently discovered that by raising the hips of a woman in labor, so as to be relatively much higher than the shoulders, an abnormal presentation was spontaneously rectified. In a difficult shoulder, case, he acted upon this idea in the following manner: He says: "I

folded several quilts compactly, laying them one upon another, to the height of about one foot, and assisted her to kneel upon the quilts, with her head and shoulders resting upon the bed, and her face forward, so as to bring her body to an angle with the bed, of nearly 90 degrees. I then pressed my hand gently against the shoulder, which readily receded until I was enabled to grasp the vertex with my fingers, and with the assistance of the next pain to so engage it, that, when the patient was placed upon her left side, and the quilts removed, a perfectly natural presentation presented itself. In a few hours the labor terminated in the delivery of a healthy boy, weighing ten pounds. Only a few moments were occupied in the process, and subsequent experience convinces me that *shoulder presentations* can generally be converted in this way into *natural ones*, without a resort to 'turning,' and with no risk for the mother or child."

Court Etiquette.—There have been many ludicrous stories told about court etiquette, but the following, which Mr. Conway tells of the English court surpasses most of them: "It is considered indispensable that ladies introduced at court or received there shall wear very low-bodied dresses. Just before the last drawing-room, Lady ——, wife of a distinguished nobleman, wrote to the Lord Chamberlain, saying that she had recently been ill and her shoulders had become so thin that she was ashamed to show them! The Chamberlain, knowing how strict the Queen was, referred the matter to her, and a grand consultation was held. After a long and serious debate, the Lord Chamberlain was instructed to write to the petitioning lady that Her Majesty would for once give her consent to the innovation, but it was intimated that the dress must be a compromise, that is, cut down in front. The court papers referred vaguely to this exception to the exception to the rules of court dress, stating that it is by Her Majesty's gracious and special concession, in order that it might not become a precedent!"

Suing the Doctor.—A man by the name of E. F. Durin, in San Francisco, brought suit against his family physician for $10,000 damages for neglecting to give proper attention to one of the members of family to whom the doctor was called.

Horse Feed.—The comparative value of horse feed is found by experiment to be as follows: 100 lbs. of good hay is equal in value to 59 lbs. of oats, 57 lbs. of corn, 275 lbs. of carrots, 54 lbs. of rye or barley, and 105 lbs. of wheat bran.

Midwifery Engagements.—In England, a medical man may claim by law an obstetric fee if previously engaged to attend a case, even if the birth takes place in his absence.

UNIVERSITY OF MICHIGAN.

The Board of Regents met on Oct. 17th at Ann Arbor. The President, in his Annual Report, made the following allusions to the Homœopathic College and Homœopathy :

" The Homœopathic College started under special difficulties. It had but a brief period in which to make its announcements, and these were quite spiritedly opposed by some physicians of its own school. Notwithstanding, a class of twenty-four attended its lectures, but as they were all first year students there were no graduates. The *esprit du corps*, however, was excellent, and the faculty feel strongly encouraged.

The old medical department has gone on favorably despite the predictions of evil growing out of the establishment of the Homœopathic School, 312 students being actually in attendance. This is a smaller number than for some years past, but is almost exactly the same as was in attendance in 1872–3, which was 314. Very urgent efforts were made to dissuade, and even frighten students from coming, and to breed disaffection among them, but the attempt proved mainly a failure, and about the usual class graduated. The experiment of examinations for admission, resulting in a slight raising of the standard and a consequent rejection of some, has turned out favorably, and a continuance of the effort in this good direction is promised just as rapidly as circumstances will warrant.

The hospital buildings are at last completed and equipped, and furnish a most valuable addition to the medical schools, and an ornamental acquisition to the college grounds.

The professors of the old medical department have remained at their posts, notwithstanding the severe and hostile criticisms to which they have been subjected because homœopathic students were allowed to attend their lectures. They have remained faithful to the interests of the University under quite trying circumstances, and receive warm commendations at the hands of the president.

THE HOMŒOPATHIC COMMENCEMENT.

The Board then went into executive session, during which the following resolution was passed on motion of Regent Rynd :

Resolved, That the annual commencement exercises of the Homœopathic Medical College be held on the evening of the last Wednesday of March.

THE PATHIES' QUESTION SECRETLY CONSIDERED.

The Board then went into executive session with reference to the homœopathic and regular medical schools, and after quite a lengthy session, the Board resumed its open meeting.

THE ANNUAL REPORT.

Regent Rynd was appointed to prepare the annual report to be submitted to the Legislature.

After transaction of the necessary business connected with the various colleges, &c., the Board adjourned *sine die*.

UNIVERSITY OF MICHIGAN, HOMŒOPATHIC MED. COLL.,
ANN ARBOR, Oct. 3d, 1876.

We have thirty-four students and they are coming daily. Of this number only seven had to pass our examination, the rest having a far higher grade of education than our standard demands. You may assure the friends of Homœopathy everywhere that all is well. We shall show the school some fully qualified graduates in April, '77.

Sincerely yours, SAMUEL A. JONES.

P. S.—We are being "strangled" in the *regular* way, and yet find no impediment to normal respiration—in fact, WE *rather like it.* S. A. J.

ENQUIRY POSTAL CARDS.—We think it would be a good plan for the U. S. Postal Department to furnish a two cent *Enquiry postal card*, about double the size of the present one cent cards. On one half of one side the address of the person of whom enquiry is made, and on the remaining half the address of the person to whom the answer is to be returned. On the other side both questions and answers can be conveniently written.

WORTH MAKES THE MAN.—Manliness is not one of the elective studies at Brown University, but it seems to come in the course sometime before the senior year. Three years ago, Inman E. Page, a colored student, entered the freshmen class after spending a year at a Virginia college. During the junior year he won the highest honors in oratory and scholarship. His classmates have now done a manly thing. They have forgotten that his face was black, and have elected him class-day orator. This is the great prize of class politics, and a popular man usually wins it. The case is respectfully referred to some young gentlemen in the College of New Jersey.—*Phil. Telegraph.*

REPORT THAT CASE.—The last important case that you treated so successfully is worth reporting in this Journal!

FALLACIES, CLAIMS AND RESULTS, BEING WORDS ON HOMŒOPATHY, is the title of a little brochure, just issued by the Homœopathic Mutual Life Insurance Company of New York city; in which the following popular fallacies and objections are concisely and admirably answered.

1st. "*Homœopathic Medicines are do nothing remedies;* they do neither good nor harm; bread pills would do as well; in fact you cure by *diet.*"

2nd. "*Homœopathy cures by faith.*"

3d. "*Homœopathy means small doses.*"

4th. "*Small doses cannot work great cures.*"

5th. "*Homœopathic Medicines make no impression on the system, and therefore cannot do any good;* they never purge, and therefore cannot effect that thorough cleaning out of the system which is so frequently necessary."

6th. "*Homœopathy uses deadly poisons, such as Arsenic, Deadly-nightshade, and Strychnine, and is an extremely dangerous system.*"

7th. "But your Medicines are so long in taking effect."

8th. "But Homœopathy does not cure everybody."

9th. "Homœopathy may do for women and children, but it is not adapted to the acute maladies of robust men."

10th. "But if all that you say be true, how is it that the profession, as a body, does not adopt Homœopathy?"

ITS CLAIMS are, that Homœopathy is a true guide to treatment. It is at once *precise, safe, effectual, quick, pleasant, and leaves no ill-effects. It is cheap;* because of its shortening the time of illness, and *time is money.* Lastly, *Homœopathy is a tremendous fact.*

NEWSPAPERS AT THE CENTENNIAL.—The Special Correspondent of the London *Times* says it would be difficult to find an apter illustration of the big way in which the Americans do things than that furnished by the "Centennial Newspaper Building," in the Exhibition grounds. Here you may see any one, or, if you like, all of the 8,129 newspapers published regularly in the United States, and see them, one and all, for nothing! You are not only permitted as a favor to see them, but invited, nay, pressed, to confer the favor of entering the building and calling for what paper you like. It is about as cool and agreeable a place—quite apart from its literary attractions—as a visitor to the Exhibition could wish to be offered a chair in. He may at first wonder how, among 8,000 papers, among them such mighty sheets as the New York *Herald,* he is to get at the small, loved print of his home, thousands of miles away, it may be, over the Rocky Mountains. But the management is so simple that, by consulting the catalogue, or even without the aid of the catalogue, any one can at once find whatever paper he wants. They are pigeon-holed on shelves in the alphabetical order of their States or Territories and their towns, the names of which are clearly labelled on the shelves. The proprietors of the Centennial Newspaper Building are advertising agents, the largest in all America — Messrs. G. P. Rowell & Co., of New York. Their enterprise will cost altogether about $20,000, or £4,000, including the building and the expenses of "running" it for six months. The 8,000 and odd American newspapers are declared by the same authority, to exceed "the combined issues of all the other nations of the earth."

INDIAN SUMMER.

Fair is the morn-time, with its balmy breeze,
Murmuring tranquilly through all the trees.

Gold is the noon-time, so hazy yet bright,
Cloudless the sky, and subdued is the light.

Still the sun-set time, red its radiance;
Mellow the moon-time, silvery its presence.

Calm is the night-time for rest on thy bed,
Sweet is thy sleep-time, there's no aching head.

Gently falleth the leaf, yellow and cold,
'Twill make another year the richest mould.

For each drop't leaf a bud is to follow,
Buds of to-day, are the leaves to-morrow.

The old dies, that a new life may result,
To-day's decay, bringeth life to exult.

No atom lost from its first creation,
Though forms may change, and oft generation.

Summer's heat and its sickness are over,
These are health-days, give thanks to the Giver.

Carking cares be past, these days are for rest,
Peace and plenty thy lot, now richly blest.

Fruits well ripe are safely gathered,
Golden grains harvested and garnered.

Grateful for work-time—thankful for rest days.
Attuned to all joy, and ready for praise.

Restful in trust, with hope in thy future,
Trusting the Lord, the word of the Scripture,

"Trust in the Lord," doing good as you're led,
And yours is the promise, "thou shalt be fed."

Now can'st thou murmur at thy condition,
When so abundant is His provision,

For thy needs now, and for all other days?

O give thy heart to thankfulness and praise.

DETROIT, Oct. 22d, 1876.

DIAMOND SPECTACLES.—Our eyesight was once so strong that we could write the Lord's Prayer in the space of a split pea without artificial aid, but now in our 55th year we find glasses needful. We have used Brazilian pebbles and liked them well, but the best satisfaction has been given us with the Diamond Spectacles, from the establishment of M. S. Smith & Co., who receive this notice unsolicited.

WARNER'S SUGAR COATED PILLS received the Centennial Medal for superiority. This is the third grand World's Fair prize that attest to their excellence over competition at home and abroad. Physicians will always find their pills and granules just as represented. They have deservedly the best reputation. Jno. Harvey, druggist, is their agent at Detroit.

QUACK DOCTORS always ask for pay in advance. A wealthy man sick with consumption recently consulted an advertising doctor, who engaged to cure him for $25, paid in advance. He was offered $100, secured by deposit in bank, to be drawn when the case was cured, but this the doctor refused.

A QUESTION IN ETHICS.—The editor of *Pacific M. & S. Journal* makes a good point thus: Is there any difference, in point of ethics, between a physician in practice prescribing a proprietary medicine, and a physician in the capacity of editor of a medical journal publishing advertisements recommending the same?

IN PREPARATION.—The well-known London house of Macmillan & Co., publishers of "The Practitioner," have undertaken the publication in England of "Micro-Photographs in Histology," the monthly work conducted by Drs. Seiler, Hunt & Richardson. A large edition is required by the English profession.

DR. E. M. HALE'S CHALLENGE.

The charges against Dr. E. M. Hale for the practice of abortion having been revived during his absence, his partner, Dr. Delamater, denied them. Dr. E. M. Hale has now returned, and publishes in the *Inter Ocean*, of Chicago, Oct. 18th, the following contradiction and challenge:

"While traveling in Europe I received a copy of the Chicago *Times* containing an unwarrantable attack on my professional integrity in connection with an occurrence that took place during my absence. I returned immediately home to meet the accusations face to face, and brand them as atrocious falsehoods, instigated and concocted by a malignant and professional enemy who has followed me with unscrupulous persecution for more than ten years. I am gratified to find, however, that the slanderous and libelous charges were promptly met, not only by my own friends, but by the friends and relations of the unfortunate and innocent woman, whose pure life and sacred memory was maligned and traduced to gratify a base and malicious enmity.

And I here take occasion to say to the public and my friends, that I defy the most searching investigations into my practice of more than a quarter of a century, the most of it in this city, to bring a particle of evidence that I have ever violated a single rule of medical ethics or professional moral conduct.

E. M. HALE.

Dr. Hale's denial and challenge is broad enough and certainly unequivocal. It now remains for Prof. Beebe to come forward with proofs and substantiate his charges.

A HINT TO MEDICAL POLITICIANS.—(*N. Y. Eclectic M. J.*)—In the Pennsylvania Legislature this last session, there were no less than twenty regular medical men, yet important measures of medical legislation failed. We commend to all medical politicians in this country a foreign example. There are quite a number of medical men in the Chamber of Deputies of France. *L'Union Medicale* published the list, which amounted to forty-nine, with the localities they represent. A very important step was taken by these professional gentlemen. A certain portion of them, to the number of about twenty, constituted themselves into a committee, which, independently of politics, intended to discuss questions referring to hygiene and sanitary science. Unity of action on sanitary legislation could thus be secured. But in the United States, the medical men, in both Legislatures, often, if not generally, devote much of their time to work for their own exclusive branch of practice, and to crush out all who do not subscribe to their Mollie M'Guire Code of Ethics.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

The eighteenth session of this Institution opened on the third of October, with the largest class ever assembled within its walls on opening day.

At eight o'clock in the evening, the large amphitheatre was crowded with ladies and gentlemen. After a few words of welcome and advice by Prof. Dowling, Dean of the College, Judge Joseph F. Daly, of New York, delivered the annual address to the students. He was followed by Hon. Salem H. Wales, Assistant of the Board of Trustees.

This institution is now entering upon its eighteenth year, with a prospect of the largest class, and the largest number of graduates it has had on any one year since its organization.

The commissioners of charities and corrections of the city, have placed at the disposal of the College, one of their steamboats, which will convey the students to the magnificent Homœopathic Hospital, on Ward's Island, every Thursday afternoon during the season. The students are given about three hours in the hospital, and have an opportunity to witness in the lecture room, operations performed by the surgeons connected with the staff.

Medical Clinics will also be held, and this feature of the course will undoubtedly add much to the advantages of the students of this College. The sail is delightful, and will relieve the monotory of student life. * * *

Hahnemann Medical College of Chicago, commenced its seventeenth regular session on the third of October, with a fine class of students. Prof. A. E. Small, delivered the Annual Address, which fully proves that elevation of the standard of medical attainment is a prominent object of the old college.

The New Chicago Homœopathic College, we understand has very good prospects with a large corps of able professors and a large class.

Pulte Homœopathic College of Cincinnati, Hahneman College, of Philadelphia, and our other Homœopathic Colleges have all large classes. The aggregate number of Homœopathic students appears to be larger than last winter.

Diphtheria of a mild type is now prevailing in Detroit. An epidemic of variola next winter is expected by some.

Personal Notices, Etc.

HOMŒOPATHIC SOCIETY OF THE STATE OF MICHIGAN.

The Seventh Semi-Annual meeting of the Homœpathic Medical Society of the State of Michigan will be held at Ann Arbor on the third Tuesday and Wednesday of November next, of which special notices will be sent to all our physicians in this State on or about November 1st, 1876.

I. N. ELDRIDGE, *Gen'l Secretary.*

REMOVALS.

ALLEN.—Dr. T. F. Allen, from 3 east 33d st., to No. 10 east 36th st., N. Y. City.
CURTIS.—Dr. C. C. Curtis, from Nunda, N. Y., to Dunkirk, New York.
GRAHAM.—Dr. E. B. Graham, from Three Rivers, Mich., to Albany, New York.
HASKIN.—Dr. L. E. Haskin, from Irving, Mich., to Mancelona, Mich.
JONES.—Prof. S. A. Jones, from Englewood, N. J., to Ann Arbor, Mich.
LAMB.—Dr. T. B. Lamb, from Lowell, Mich., to Grand Ledge, Eaton Co., Mich.
MORGAN.—Prof. John C. Morgan, from Philadelphia, Penn., to Ann Arbor, Mich.
PARSONS.—Dr. S. B. Parsons, 1108 Olive st., to 1226 Washington st., St. Louis, Mo.
PHILLIPS.—Dr. D. T. Phillips, from Lake City, Minn., to Platteville, Minn.
ROBERTS.—Dr. G. T. Roberts, from Iowa City, Iowa, to St. Louis, Mo.
STEPHENSON.—Dr. H. C. Stephenson, from Lowell, Mich., to Grand Rapids, Mich.
SAUNDERS.—Dr. O. B. Saunders, from Indianapolis, Ind., to Frankfort, Ind.
TABOR.—Dr. G. A. Tabor, from Victory, N. Y., to Ann Arbor, Mich.
WATSON.—Dr. W. Watson, from Bethel, Illinois, to New Holland, Illinois.

COMOCLADIA DENTATA.—Our December number will contain a proving of this medicine, by J. Hyde, M. D., of Terra Haute, Ind.

BOOK NOTICES AND REVIEWS.—The compositors have a number of these on hand, which we hope to make room for next month.

CLASSIFIED INDEX FOR THE CURRENT VOLUME will be carefully prepared and printed in the December number.

IN REMITTING do not forget to send $2.50 for next year.

REJECTED MSS. are never destroyed, and will always be returned on application.

CLINICAL REPORTS, brief and exact, are always acceptable.

Materia Medica.

PROF. S. A. JONES, ANN ARBOR, MICHIGAN, EDITOR.

COMOCLADIA DENTATA.

A PROVING BY J. HYDE M.D., TERRE HAUTE, IND.

Read before the Indiana Institute of Homœopathy May 9th, 1876.

FIRST TRIAL.

On the 12th day of May, 1875, at 10:30 a. m., took ten drops in water. At 12:30 p. m. I took ten drops. Dined at 1 p. m. The appetite for dinner is less than usual. At 3 p. m. while sitting in my office reading, an aching in the lower incisors, passing to the right cuspid and bicuspid teeth; continuing five minutes. 3:30 p. m. while walking in the open air, an acrid, rancid eructation. 4:30 p. m. took twenty drops. 5:30 p.m. while at rest in my office, a soreness in the left lung such as is felt during convalescence from pneumonia.

SECOND TRIAL.

June 17th, 1875. At 6:30 a. m. I took ten drops. 10 a. m. while at rest in my office, heat and sense of fulness in the face, over the superior maxillary bone, and a sensation as of a pimple over the right antrum. At the same time itching on the inner side of the left thigh, then above the right eye, then on the scalp. 10:15 a. m., while at rest, an eructation of air tasting of the drug. Itching at the inner border of the gastrocnemius muscle of the left leg, relieved by rubbing. Immediately after, a tingling itching on the right side of the upper lip, then a crawling itching on the right malar region, then an itching moving downwards, from the right commissure of the mouth, then an itching on the palmar aspect of the right carpus, moving towards the palm of the hand, then an itching at the angle of the lower jaw, on the right side. 10:55 a. m., itching at the right eye brow. 11 a. m., an eructation of tasteless air. 11:40 a. m., a biting, corrosive itching on the right forearm, over the belly of the palmaris longus muscle. Immediately after, itching on the right side

of the face, near the angle of the jaw, then, itching on the posterior aspect of the right forearm, then an itching on the dorsal aspect of the first phalanx of the index finger of the right hand. During the forenoon, a cheerful condition of mind. 12:30 p. m. dined. No appetite for dinner.

June 18th. Last night slept soundly. This morning arose from bed refreshed and cheerful. 6:10 a. m. took ten drops 30 minutes before breakfast. Soon after, a tense feeling in the abdomen as if the bowels were full of flatus. 6:25 a. m., after a walk in the open air, and while sitting in my room, a bubbling in the hypogastric region. Soon after breakfast, and while walking in the open air, expulsion of odorless flatus per anum. Pains in the hypogastrium, from flatus. 8:30 a.m., while walking in the open air, sudden lameness and loss of strength in the left ankle. 10 a.m., while at rest in my office, a corrosive burning on the left side of the lower lip. 3:30 p.m., while at rest in my office, the right leg elevated and resting on a table, and after a walk in the open air, a crampy lameness in the right leg just above the instep, relieved by walking. Immediately after, and while at rest, a drawing, crampy sensation in the hollow of the right foot, passing up to the outer ankle and along the outer border of the gastrocnemius muscle to the knee, relieved by walking, returning while sitting, the feet resting on the floor, passing slowly upwards from the outer ankle to the knee, then in the tibia where it becomes a numb aching, then in the tarsus, where it becomes a drawing aching, as if the foot would cramp. Continued motion relieves.

June 19th, 6:30 a.m., took 25 drops. 9:15 a. m. Sensation as of a scabby eruption on the median line of the lower lip, close to the vermilion border. 2:30 p.m., while at rest, a lame, aching pain in the right upper arm. 3 p. m., a lame, aching pain in the right knee. 3:08 p. m., while at rest, a sharp pain passing through the right shoulder to the scapula. 3:20 p. m., an intermittent, pressing out ward pain at the left sacro-iliac articulation, sensitive to pressure, relieved by walking, but feels lame and sore. 3:27 p. m., while at rest, pain along the outer side of the right thigh. 3:30 p. m., while at rest, a sense of expansion in the œsophagus, as of air ascending slowly from the stomach. 3:50 p. m., a drawing pain in the right knee ex-

tending into the anterior muscles of the thigh. Immediately after, pain under the lower part of the left scapula. Soon after, a sense of drawing in the right anterior wall of the chest. 4:30 p. m., eructation of tasteless air. Aching in the lower incisors, which leaves them very sensitive to pressure from the upper teeth. During this afternoon itching on different parts of the exterior body. [Record lost.]

June 23d, 4:10 p. m., took 40 drops. While at rest, a numb, drawing sensation in the left instep, which extended to the knee, followed by a sense as of warm air, like an aura, ascending half way to the knee. The numbness and drawing then concentrates at the instep, where it remains a short time, and again the aura ascends, slowly, to the knee; at the same time, both the tibia and fibula ache; there is also a sense of increased temperature and fulness in the leg. The numb drawing then moved over the dorsum of the foot to the toes where it terminates in a prickling. Relieved by motion, but returns when motion ceases.

THIRD TRIAL.

January 22d, 1876, 5:30 p. m., took 3 drops. 11 p. m., took 3 drops, before retiring to bed.

January 23, 12:30 a. m., a crampy aching in the right instep, relieved by motion. While in bed an intermittent, pressing outward pain in the right knee, relieved by motion. 7:30 a. m., took 3 drops. 1 p. m., took 3 drops. 3:20 p. m., a pulsating pain in the head of the right tibia, relieved by motion. 4:45 p. m., took 4 drops. 5:30 p. m., while at rest, a pulsating pain in the head of the right tibia; the tibia is sensitive to pressure. Aching in the upper molar teeth and gum of the right side. Aggravated by cold air. 9:50 p. m., took 4 drops. 11 p. m., retired to bed. 11:30 p. m., while lying on the right side, an aching in the right temple, followed by an aching and sense of fulness in the right side of the face. Soon after, an aching in the right ankle, then aching in the right forearm, then a deep, pulsating pain in the right glutæl region, near the tuber ischii.

January 24th, 12 m., took 8 drops. 12:30 p. m., dined. 1 p.m., Immediately after dinner, an aching in the body of the last molar

tooth of the right side of the lower jaw. Heat and fulness in the interior of the right ear; at the same time a short, cutting pain in the gum of the first lower molar tooth of the left side. 2:20 p. m., took 8 drops. 4:15 p. m., while at rest, a drawing sensation and aching, commencing suddenly in the right axilla, moving down the inner side of the arm to the elbow. 4:30 p. m., a pulsating pain in the interosseous tissue, at the palmar aspect of the left forearm, near the wrist, extending to the little finger, where it becomes a drawing, crampy pain, then a drawing sensation extending up the forearm from the wrist. 4:50 p. m., a pulsating, deep pain in the posterior and upper part of the right thigh. 5 p. m., a pulsating pain in the right glutæl region, near the tuberosity of the ischium; sensitive to pressure. 6:30 p. m., a pulsating pain near the upper extremity and outer side of the right fibula. Immediately after, a pulsating pain in the right thigh. Last night the sleep was dreamy and refreshing. It seemed more like a clairvoyant state. After midnight I dreamed of birds singing, which awoke me, and caused me to listen with intense interest, but stillness and darkness reigned supreme.

FOURTH TRIAL.

February 6th, 1876. 3 p. m., I took 10 drops. 10:55 p. m., took 10 drops on retiring to bed. Soon after, and while lying on the left side, a drawing sensation and aching in the upper part of the right forearm, then a pulsating, deep pain in the right glutæl region, just above the tuber ischii; seeming to be in the periosteum, then a sharp pain just above the crest of the right ilium. After which the pain in the right gluteal region returned, then a sharp pain just above the crest of the left ilium, then a drawing and aching in the right foot, then a drawing and aching in the anterior muscles of the right forearm, then a pulsating, deep pain in the right glutæl region, sensitive to pressure, then a drawing and aching in the anterior muscles of the left foreram. A drawing in the outer side of the left foot extending to the plantar aspect, as if the foot would cramp, then a drawing and aching in the left leg; not relieved by motion. A lame aching and sense of drawing in the right forearm, near the elbow. then a return of the pain near the right tuber ischiii, then aching

in the right leg, then a pulsating, deep pain in the right thigh, at the inner border of the sartorius muscle. Itching on the extremities and face. The sleep last night was light and dreamy. After midnight I dreamed I entered a beautiful garden from which I passed into a low woodland, in the eastern border of which was a sluggish, broad, shallow stream of water, to cross dry shod required some exercise of the mind. This morning arose from bed refreshed, light-hearted and cheery.

February 7th, 7:04 a. m., took 10 drops. 10 a. m., while standing quietly before a hot stove, a return of the pain near the right tuber, ischii. 12 m., aching in the right leg. 3:30 p. m., took 10 drops. 3:40 p. m., pain in the right side of the abdomen running downwards, following the course of the rectus muscle. Pain in the right anterior wall of the chest, near the axilla. A pulsating pain at the left pubic bone, continuing several hours. Generally relieved by walking, sometimes felt while walking. The pain seems to be in the periosteum. There is sensitiveness on pressure. Aching and sense of drawing in the outer hamstring of the right leg. 4:12 p. m., pain above the left eye-brow. 4:26 p. m., return of the aching and drawing in the outer hamstring of the right leg. 5 p. m., pulsating, raw pain near the sternal border of the left mammary gland; seeming to be in the cartilage of the fifth rib. 6 p. m., a drawing sensation in the right big toe, as if the toe would cramp. Drawing in the muscles of the upper right arm, then drawing in the dorsum of the right foot, then drawing in the plantar region of the right foot, shifting from place to place as rapidly as I can write the symptoms. Aching in the right temple and right orbital bones.

February 8th, 1:30 p. m., while writing, a dancing pain suddenly attacks the right metacarpus, terminating in a lame aching and a drawing sensation in the metacarpal region of the thumb and index finger, then a drawing sensation in the right anterior wall of the chest and right arm, passing down the arm to the elbow. 2:18 p. m., a pulsating pain at the left sacro-iliac articulation. 2:50 p. m., a numb aching passing down the outer side of the right leg to the foot, then an aching and sense of drawing in the outer hamstring. 3:05 p. m., a pulsating pain in the right sacro-iliac articulation, leaving a lameness which is felt when walking.

February 9th, 10 a. m., a transient drawing pain passing through the right carpus, leaving the wrist lame on motion. 2:35 p. m., a sharp pain passing down the right temporal ridge and the external angular process. Immediately after, a sharp pain at the right supra-orbital ridge, close to the supra-orbital notch, then a sharp, broad pain passing from the lower angle of the right scapula to the locality of the serrations of the serratus magnus muscle, then a pulsating pain at the posterior aspect of the coccyx. 9:25 p. m., after a walk in the open air. and while in my room reading, a sharp pain suddenly pierces the palmar aspect of the left carpus, traversing the dorsum of the first and second finger, becoming a drawing pain in its progress to the meta-carpo-phalangeal articulations of those fingers, then involving all the meta-carpo-phalangeal articulations of the hands, drawing the fingers closer together and the thumb towards the palm of the hand. The whole hand is numb, looks and feels swollen, its temperature is increased. Continued motion relieves the drawing, but not the numbness which continued fifteen minutes. 9:32 p. m., during the numbness of the left hand, a sharp pain in the dorsum of the first phalanx of the index finger of the right hand, shooting to the articulation of the first and second phalanx of the index finger.

February 10th, 2:35 p. m., while writing, pain in the upper and posterior part of the left thigh. 2:45 p. m., a sharp sticking pain in the right elbow. 3:33 p. m., a drawing pain in the dorsal aspect of the metacarpal region of the right thumb.

February 15th, 1876, at 11:45 a. m., I put two ounces of cold water and 10 drops of the Comocladia 1st dec. into Fullgraff's inhaler and inhaled for 20 minutes. 2:05 p. m,, an eructation of sour acrid water. 2:45 p. m., stinging itching on the right scapula. 3 p. m., hiccoughed several times. Immediately after, gaped several times. 3:30 p. m., inhaled for 20 minutes. 3:40 p. m., while inhaling, aching in the right forearm, commencing in the belly of the flexor carpi radialis muscle, extending through the arm. The arm is sensitive to pressure. 3:45 p. m., sense of drawing in the right forearm, extending to the metacarpus. 3:47 p. m., crampy sensation, increasing to an aching in the first phalanges of the right hand. Continuing ten minutes, relieved by motion of the fingers. 4:10 p. m., pulsating pain in the

neck of the right femur, seeming to be in the capsular ligament, ceasing while walking, returning when at rest. 4:15 p. m., stinging in a small spot on the dorsum of the first phalanx of the second finger of the right hand. 5 p. m., aching in the right anterior wall of the chest, extending through to the right scapula. 10:30 p.m., inhaled 20 minutes. Aching at the base of the right antrum of Highmore, then at the base of the left antrum. 11 p. m., retired to bed. Soon after, and while lying on the left side, an aching at the lower third of the sternum; continuing several minutes. Immediately after, and while lying on the left side, an expansive, intense distress in the epigastric region, like unto heartburn, extending through to the posterior border of the left scapula, continuing half an hour. Ameliorated by lying on the right side.

February 16th, at night, while in bed, a pulsating pain in the neck of the right femur. This pain was felt several times during the day.

February 17th, 10:10 a. m., after a walk in the open air, and soon after entering my office, an intense acrid eructation, producing momentary strangulation. 10:50 a. m., while walking in the open air, a sticking pain from without inwards in the region of the cartilages of the sixth and seventh ribs. 1 p. m., a pulsating, deep pain in the neck of the right femur. This pain seems to be in the capsular ligament at the inner border of the ilio-femoral ligament and continues ten hours; relieved by walking. 4 p. m., aching in the right temporal bone, commencing in the temporal ridge and extending to the occiput; the whole base of the head is very painful on moving the head, also, the sterno-mastoideus and trapezius muscles. 4:36 p. m., a threadlike pain in the right foot below the outer ankle, terminating in an aching. 9:30 p. m., aching in the left fore-arm.

February 18th, 3:25 p. m., a drawing, crampy sensation in the right anterior of the chest and axilla extending down the arm to the fingers and terminating in a jerking of the little finger. 3:45 p. m., drawing, crampy sensation in the muscles of the right upper arm. After a short interval, a similar sensation in the right elbow.

February 19th, 2:30 p. m., inhaled 20 minutes. While inhaling, a drawing, crampy sensation at the outer border of the right mammary gland, extending to the axilla and arm. 5 p. m., inhaled 20 minutes.

5:05 p. m., a return of the pain in the neck of the right femur; continuing several hours. The Meibomian glands of the upper lid of the right eye are inflamed. 10:25 p. m., inhaled 20 minutes. While inhaling, aching in the os frontis and orbital bones. While in bed, sore aching in the anterior wall of the chest, aching in the muscles of the right arm; aching in the coccyx. A sticking pain in the metatarsal joint of the big toe, at the plantar aspect.

February 20th, during the day, an aching in the anterior wall of the chest. 2:30 p. m., inhaled 20 minutes. 3:15 p. m., an intense aching at the posterior aspect of the middle of the sternum. The inflammation of the Meibomian glands continues. 4:30 p. m., while at rest in a warm room, a transient pain passing upwards over the inner ankle of the left foot; followed by severe flatulent pains in the hypogastrium and an emission of flatulence, which is followed by pain in the abdomen. 6 p. m., severe flatulent pain in the abdomen, preceding and during a diarrhœic stool; followed by a feeling of weakness and perspiration on the face and neck. 7:15 p. m., after a walk in the open air and on seating myself in a warm room, an itching in the right side of the trachea producing a dry, hacking cough. Soon after, an itching in the left side of the trachea, causing a dry, hacking cough. A drawing sensation in the upper right arm; followed by an aching in the left side at the floating ribs 9:45 p. m., a crampy aching below the right scapula. Then a crampy aching in the right wrist. 9:50 p. m., a lame aching at the inner side of the right thigh, just above the knee, followed by a wiry or thread-like pain in the right instep. Immediately after, a sore aching at the right scapula. 10:55 p. m., took 8 drops.

February 21st, during the forenoon, aching in both sides and upper arms; the right side worse. 4:35 p. m., took 12 drops. Several times during the afternoon, a sense of weakness with heat and perspiration on the face and neck. Dull aching in the forehead and on moving the head a sense of fulness, rigidity and lameness of the muscles of the neck. 10 p.m., pain in the epigastrium as of flatus; at the same time an aching in the dorsal region. Then a wandering pain in the right side of the abdomen. 9 a. m., an aching in the ramus of the right maxilla.

February 23d, 9 p. m., an intermittent aching in the right tibia. The inflammation of the Meibomian glands has subsided.

February 24th, 4:30 p. m., a severe aching pain at the internal condyle of the right arm, after a walk in the open air and while standing in the open air, continuing 5 minutes. At the same time and while the arm is resting on a support, a sense of drawing at the inner side of the left upper arm. 5:10 p. m., after light exercise in the open air and while in my room, an aching in the left maxillary articulation, leaving a sense of fulness; immediately after, an aching in the right maxillary articulation, terminating in a sharp pain. 5:22 p. m., after a short walk in the open air and having entered a warm room, an aching in the right maxillary articulation involving the whole of the right side of the head. 5:30 p. m., while at rest in a warm room, a sore aching of the gum of the right upper molar teeth. 7 p. m., while riding on horseback, a drawing sensation in the muscles of the right upper arm. 9:20 p. m., while seated in a warm room, and immediately after supper, an intense crampy aching in the left knee, continuing 8 minutes. Not relieved by motion.

February 26th, 5:44 p. m., while at rest in a warm room, the atmosphere loaded with moisture, south wind, a drawing, crampy sensation at the dorsum of the right foot, in the region of the external cuneiform bone spreading outward and over the cuboid and forward over the metatarsal bone of the little toe, then moving upward to the region of the anterior ligament where the drawing, crampy sensation ceases and becomes a bruised aching, extending to the external malleolus. Sometimes it extends up the tibia and fibula producing a feeling of fulness in these bones. When walking there is lameness. 5:57 p. m., a drawing, crampy sensation in the left carpus. Then in the anterior muscles of the right upper arm.

February 27th, 3 p. m., while at rest in the house, a return of the aching in the right ankle.

CLINICAL.

Case 1. Miss H——, aged 17, a student, dark thin hair, blue eyes, fair complexion, mixed temperament, has suffered for several consecutive evenings from soreness of the gum and aching in the lower 2d

molar tooth of the right side. The tooth is carious. Sometimes a sharp pain shoots down the side of the neck on a line with the larynx leaving its track sore. The tooth commences to ache at 4:30 to 5 o'clock; is worse after retiring to bed. Ameliorated by the application of dry heat and by pressing the jaw with the hand. Prescribed Comocladia dent. Ix. 6 globules gave entire relief.

Case 2. Mrs. C——, aged 25, mother of one child, auburn hair, fair complexion, blue eyes, nervo-sanguine temperament, expressed some alarm because of an intermitting, throbbing, pressing pain in the costal cartilage of the 5th rib on the right side. The pain leaves a burning, raw sensation. This pain has continued three days. Is worse during rest. Prescribed 3 powders of Comocladia dent.,6 globules each. The pain ceased after taking one powder.

Have three other cases would like to report—two of catarrhal opthalmia, and one case of chronic rheumatic pains—cured by Comocladia. But enough for the present.

IODIUM IN EXOPHTHALMIC GOITRE.

In *A Study of Iodine*, by Drs. Henry R. Madden and Richard Hughes—Brit. Jour. of Hom. xxi. 539—these authors say: "It is unsuited for that form of goitre lately described as associated with protrusion of the eyeballs and palpitation (exophthalmic goitre), and which seems to depend upon a localized paralysis of the vaso-motor nerves."

Some thirteen years later Dr. Hughes writes: "When goitre is cystic, Iodine must still be more locally applied. It must be injected into the cavity; though even there, as we shall see with hydrocele, it may act after a specific manner. But it may find a place as a homœopathic remedy in yet another form of the disease, the exophthalmic. The coincident affection of the heart in Dr. Goullon's case rather suggests that the thyroid enlargement was vascular; and Trousseau, commenting on the iodism described by Rilliet, says he has seen

the same condition in cases of Graves' disease. Dr. Horatio Wood says of iodism, that 'experience has demonstrated its value' in exophthalmic goitre also; but I know of no record thereof." *Pharmacodamics, 3d Ed., p. 437.*

Some "record thereof" may be found in *St. George's Hospital Reports, Vol. IV., p. 275,* wherein is a paper on *Exophthalmic Goitre* by Dr. W. B. Cheadle, and from which we abstract the following:

George D., a strong young fellow, æt. 19, a carpenter. His symptoms are—great dyspnœa; his wheezing respiration was audible as he stood at a short distance. Eyes protruded, pupils dilated, face dusky, superficial veins of forehead and neck distended, standing out like cords. Thyroid glands greatly enlarged and *hard;* both lobes equally affected, isthmus less so. Carotids could be seen pulsating forcibly on both sides. Heart beating with great rapidity and violence—the impulse perceptible over the whole cardiac region. This excessive action was constant, but increased by any excitement or exertion.

He suffered much from headache; had occasional attacks of epistaxis; perspired profusely, and was oppressed by a sense of heat. A feeling of giddiness came on frequently; and the dyspnœa grew so severe at times that he could not lie down in bed. Patient had lived properly in all respects, and knew of nothing that would account for the attacks.

A lotion of iodine and glycerine was kept constantly applied to the throat, and five minims of Tinct. Iod. were taken thrice a day. The dosage was subsequently increased to eight and then to ten minims per dose—24 and 30 minims daily.

In the course of a week the thyroid was softer, and the dyspnœa sensibly relieved. At the end of three months the circumference of the neck had decreased 1¼ inches; at the end of the fourth month 2 inches more, so that he was able to button his shirt collar for the first time since five months. The superficial veins of the forehead and neck were no longer visi-

ble; the eyes had receded, although the exophthalmos was still considerable. When last examined the eyes were still unduly prominent; the thyroid slightly larger than natural; hearts impulse somewhat excessive, the sounds loud but clear and free from murmur. Pulse 104, temperature 98.9°.

Dr. Cheadle says the patient was not anæmic or debilitated, but full blooded and robust, and that although the iodine was continued with slight intermission for nine months, no *increased palpitation*, nor any of the symptoms of iodism supervened. The patient himself stated that he had been perfectly well for some months past.

In case 2—a woman æt. 23—the result of the iodine treatment was equally satisfactory. This patient was also strong and well-nourished, showing no evidence of debility or anæmia.

In the seven cases treated with *iodine* Dr. C. emphasises the fact that the cardiac over-action was excessive, and that *this, of all the symptoms, was the one most remarkably relieved.*

S. A. JONES.

ANTIDOTE FOR POISON-OAK OR POISON-VINE.

BY J. H. SHERMAN, M.D.*

Some years ago Dr. W. F. Jackson published an antidote for bee stings, mosquito bites, and, I believe, for the bites of insects generally. The information has been of great service to me, for it always relieves. *Aqua Ammonia*, applied to the part affected, is the remedy. To compensate for this and other valuable hints for practice gleaned from our journals, I wish to call the attention of the profession to a *sure* antidote to the effects of poisoning fron Rhus toxicodendron or R. radicans.

The antidote is *Fluid Extract of Arstolochia Serpentaria; (Virginia Snake Root)*, applied by means of a large camel's hair pencil. If applied on the earliest manifestation of the poison it will arrest the symptoms at once. My first trial was with a lady patient on Newton St., Boston. She was a fair skin-

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* *New England Medical Gazette.*

ed, light complexioned, delicate woman. At my first visit her face was so swollen, blistered and mottled that her best friends could not have recognized her; so badly were the integuments of the eyes swollen, that she could not see. She had a high fever and much burning, smarting pain over the face and in the head. My prescription was *Bell.* and local application of a weak solution of the *Acetate of Lead.* The husband of the lady aroused me early on the following morning, saying that his wife had passed a sleepless night, and desired my presence immediately. I found her in great agony, and on further investigation it appeared that the disease had been aggravated by the lead work. The *Extract of Serpentaria* was now applied, and with the effect of producing almost immediate relief, so that in a few minutes the patient was quite comfortable. On the following day the inflammation and swelling had diminished to a degree which was to me a matter of surprise, and in a few days desquamation took place and recovery was complete.

Since the above case was treated I have used the remedy in other cases and with like results.

JABORANDI.—Mr. A. W. Gerrard has communicated to the *Pharmaceutical Journal* that he has separated an alkaloid from jaborandi, which is the active principle of the drug and which he calls pilocarpine. Half a grain produced the full effects of jaborandi. The following is the mode of preparation:—

Prepare a soft extract, either of the leaves or bark, with fifty per cent alcohol. Digest this with water, filter and wash. Evaporate the filtrate to a soft extract, cautiously add ammonia in slight excess, shake well with chloroform, separate the chloroform solution and allow to evaporate; the residue is the alkaloid, pilocarpine, with probably a small amount of impurity.

Besides the alkaloid, jaborandi contains an acrid resin, tannic acid, volatile oil and chlorophyle. The acrid resin is soluble in ether and possesses properties which indicate it to be the substance by which the effects of its external application are produced.—*Richmond and Louisville Medical Journal.*

Gynæcology.

W. H. BLAKELY, M. D., BOWLING GREEN, KY., EDITOR.

PECULIAR DEFORMITY OF THE UTERUS; CARCINOMA OF THE RIGHT OVARY; ATROPHY OF THE LEFT OVARY; ABSENCE OF MENSES.

Dr. W. Douglas Hemming reports in the *London Medical Record:* At a meeting of the Anatomical Society of Paris (*Progres Medical*, August 19) M. Golay narrated the case of a woman named Heimberger, aged thirty, a laundress, who was admitted into the Beaujon Hospital under the care of M. Matier and M. Lepine on March 21, 1876. During childhood she had been treated for mesenteric disease, and since that time her belly, without being painful, had always been rather large. She had always some cough, but her antecedents showed no signs of pulmonary tuberculosis. Until last year she had enjoyed substantially good health.

She had never menstruated, nor had she ever had vicarious hæmorrhages; she had never felt pain about the loins or any other indisposition recurring periodically. She had never suffered from leucorrhœa.

She first perceived some enlargement of the belly in January, 1875, but did not remember on which side it began. This gradually increased, but without discomfort or pain to the patient, until six months since, it reached an enormous size; and since that time the patient suffered occasionally from oppression, especially when walking or tired. The functions of the bowels and kidneys had always been normal, and the digestion and appetite good. For eight or nine months the patient had been becoming thinner and losing strength, and for two or three weeks there had been permanent infiltration of the legs.

On admission, the upper half of the body was greatly emaciated, while the abdomen was greatly distended; there was considerable inflammation of the lower extremities. The face was very pale, but did not present the cancerous tint. Respiration was very rapid (52 per minute), and the patient complained of beating of the heart. The abdomen was very large, projecting forward, on the right side rather more than on the left. At the level of the umbilicus was a soft, reddish, painless, depressible tumour of the size of a walnut. Palpation revealed general and considerable resistance of the abdomen, which was very hard throughout almost all its extent, only some few points being found slightly depressible. The general sensation was that of an enormous solid tumour, occupying the whole abdominal cavity, and having no lateral mobility. Sharp percussion did not give any sensation of fluctuation, which could only be perceived by placing the left hand flat on the belly, and giving light taps with the right hand on the abdominal walls. The abdomen was dull throughout, and only on the flanks was there any resonance. These results were not altered by change of position.

Vaginal examination was difficult, owing to the presence of a perfectly intact hymen, and the unwillingness of the patient. The vagina was normal, the cervix rounded, raised and slightly displaced to the left. The body of the uterus was firm, and very mobile. Abdominal palpation comprised with vaginal exploration made the independence of the tumour and the uterus more certain. The diagnosis was of a large tumour, half liquid, half

solid, and perhaps more solid than liquid; a multilocular cyst developed at the expense of both ovaries, and accompanied with some ascites. The heart-symptoms were not very remarkable, except for frequency of beat. Pulse 140, small, almost insensible. Respiration was very rapid (52). Auscultation in front revealed nothing abnormal.

The next day, owing to the great oppression of the breathing, the abdominal tumour was punctured at one of the most fluctuating points. Only a few drops of blood flowed; but on withdrawing the instrument about 500 grammes of serous, sanguinolent, and ascitic fluid escaped. A second puncture was tried in another fluctuating point, but only black blood escaped. The patient breathed with less difficulty, and the skin was less tense, while it was easy to make out the edges of the tumour. She died in the course of the night.

On opening the abdominal walls, about 500 grammes of ascitic fluid, strongly sanguinolent, flowed out. The tumour, which almost completely filled the abdominal cavity, was covered by epiploon much congested, reddish, and very vascular, the deep surface of which adhered to the anterior surface of the tumour. Some adhesions, easily broken through, attached the tumour to the small intestine. It sent no prolongation into the pelvis, and was attached to the uterus only by a pedicle of the size of a finger, composed of the proper ligament of the right ovary, much hypertrophied. This pedicle being divided, the tumour was removed from the abdomen, and was found to be regularly rounded, very large, and measuring a mean of forty centimetres (nearly 16 inches), in its different diameters. The surface was mammillated and traversed by numerous vascular branches. It was hard and elastic; some limited points only having a soft consistence. The tissue creaked under the scalpel, and exuded a juice when scraped. Sections were equally mammillated, and presented a white, yellowish or rosy aspect. It was very vascular. Microscopically the characters were those of a sarcoma, solid throughout, without evidence of any cyst. Nowhere could any gelatinous consistence be found. The whole mass weighed about 8,900 grammes (about 31 pounds). The uterus was very movable in the pelvis; it was longer than usual (seventy-five millimetres, instead of sixty or seventy); its breadth on the contrary was diminished (twenty-five millimeters instead of thirty-five). The fundus inclined to the right, and the right superior angle appeared much more developed than the left. The cervix, viewed externally, appeared almost normal, but it was more cylindrical than usual in virgins; its external orifice was slightly dilated, and and easily allowed a sound to enter the uterine cavity. Measurement of this cavity by the hysterometer gave sixty millimeters from the external orifice to the fundus instead of 52 millimeters (Courty), or 45 millimetres (Richet). On opening the uterus it was found that the cavity of the cervix exceeded the cavity of the body by a centimetre. The latter curved towards the right tube in the form of a conical canal, so that the angle corresponding to the insertion of the left Fallopian tube appeared diminished. The right Fallopian tube, free from adhesions to the tumour, had its walls red, thickened and hypertrophied. The right ovarian ligament, constituting the pedicle of the tumour, was red and thick, of the size of the index finger, much hypertrophied and presented at the point of division numerous gaping vessels visible to the naked eye. The left Fallopian tube appeared little altered. The left ovary was represented at the extremity of the left ovarian ligament only by a cyst of the size of a large pea, of a greyish aspect, opaline, and containing a little thickish liquid. This atrophy of the left

ovary combined with the tumour developed in the right, accounted for the absence of the menses during the patient's whole life, and for many of the attributes of the male sex which she presented; as, almost complete absence of projection of the breasts, and the presence of numerous hairs round the areola, on the cheeks, the chin, and the upper lip. The external genital organs were well formed, and the voice had the feminine character.

Histological examination of the ovarian tumour showed a fibrous stroma with numerous cells of very various forms. The stroma formed very clear alveoli in which were found cells of varying size, but almost all large and of different shapes. These cells enclosed a variable number of nuclei. Numerous vessels were seen in the stroma. The tumour was therefore carcinomatous.

The details of measurement by the hysterometer are interesting, because some authors have shown that in difficult cases, where there is hesitation between a tumour of the ovary and a tumour of the uterus, deformity and lengthening of the cavity of the womb are signs of uterine fibroid. No doubt it is so in a great number of cases, but the present case proves that in certain tumours of the ovary which drag upon and lengthen the uterus, these signs may equally exist.

SUDDEN EFFUSION OF BLOOD INTO THE LABIA OF PREGNANT WOMEN.

In the *American Supplement to the Obstetrical Journal* (June, 1876), Dr. J. V. Ingham reports two cases of sudden effusion of blood into the labia of pregnant women. In the first case the patient, twenty-five years old, who was five months advanced in pregnancy, tripped, but was caught by her husband, and was at the moment of tripping conscious of a sharp pain in her external genitals. Dr. Ingham found, on examination, the left labium enlarged to the size of an orange; it was dressed with laudanum and lead water, and gradually contracted and opened, discharging a fetid thick fluid, almost black. It finally healed, and labor came on without any difficulty at term.

The second case occurred in a woman twenty-two years old, eight and a half months pregnant. She found a lump in her right labium, about the size of a walnut on waking one morning. She was unconscious of any injury. The tumour increased and became painful, labor came on in a few days, and the tumour was opened as it interfered with the passage of the child's head; blood and pus escaped. The labium healed during the lying-in.

[The remark "it finally healed," shows that the case was tedious. The application of sugar of lead lotions and anodynes in such cases is poor practice. We have used decoctions of calendula flowers, and poultices of the flowers in similar cases with good success.—Ed.]

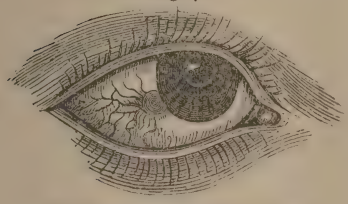
Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

5—PHLYCTENULAR CONJUNCTIVITIS.

APTHOUS, HERPETIC OR PHLYCTENULAR OPHTHALMIA.

Fig. 7



PHLYCTENULAR CONJUNCTIVITIS.

Phlyctenular Conjunctivitis, or, as it is sometimes improperly called, *pustular* ophthalmia, is a mild form of conjunctivitis, characterized by an eruption of vesicles, called *phlyctænæ* or *phlyctenulæ*, on or near the margin of the cornea. The eruption first makes it appearance in the form of small red, slightly elevated points upon the inflamed conjunctiva oculi; these points as they enlarge develope into vesicles; and finally, if the inflammation goes on unchecked, the vesicles burst and form ulcers, which in mild cases gradually disappear, but in others manifest a disposition to spread. Numerous vessels, or bundles of vessels, (*vascular fasciculi,*) run toward the cornea, but never pass beyond the borders of the vesicles or ulcers, in which they always terminate. (*See Fig. 7.*) The phlyctænæ vary in size as well as in number, solitary ones being sometimes nearly as large as a split pea; generally, however, they are much smaller, their relative dimensions being usually in an inverse ratio to their number. Phlyctænæ are not peculiar to this form of ophthalmia, being, as we have already seen, sometimes observed in other forms of conjunctivitis, especially the catarrhal and scrofulous; indeed, some opthalmologists regard the phlyctenular as a modification of strumous conjunctivitis, intermediate in character between the catarrhal and scrofulous. Like the latter, it is almost entirely confined to children, but unlike it is seldom

attended with ciliary irritation and photophobia, though generally occurring in scrofulous subjects. It is only when the vesicles are numerous, and are situated wholly or partly on the cornea, that there is much intolerance of light, lachrymation, or ciliary irritation.

TREATMENT.—Many cases are so mild as to require little more, in the way of treatment, than rest and protection of the organ. When arising from fatigue, the irritation of dust, or other similar causes, hygienic measures alone will generally suffice. This is especially true if the vesicles are solitary, or but one or two in number, and are situated over the sclerotica. Severe cases are benefited by warm fomentations, and by the particular treatment recommended for scrofulous conjunctivitis, (which see.) The most efficient remedy for ulceration is *Mercurius*, which may be prescribed with as much confidence in this affection as in aphthous stomatitis. Other remedies which have been found most useful for particular conditions, are the following :

Ciliary Neuralgia : Atrop., Bell., Cham., Spigel.

Photophobia : Ant. tart., Ars., Bell., Con., Hepar, Merc., Spigel.

Ulceration, with or without ciliary irritation and photophobia : Ars., Merc.

Obstinate, the disease appearing to be seated in the sub-conjunctival tissue : Ars., Cham., Merc.

6—ERYSIPELATOUS CONJUNCTIVITIS.

This form of ophthalmic inflammation is seated in the orbital conjunctiva, and in the subjacent cellular tissue. The injection of the conjunctival vessels becomes rapidly confluent, the membrane swells, assumes a uniform pale red color, becomes relaxed and wrinkled, except at the lower part of the globe, where it remains tumefied and presents a more or less œdematous appearance. As there is neither epiphora nor

photophobia, it is reasonable to infer that the deeper structures are not involved. This description, however, applies only to idiopathic cases; when secondary to facial erysipelas, the inflammation is generally of much greater severity. In these cases the episcleral and neighboring tissues sometimes participate, and then there is a deeper redness, with more or less intolerance of light and ciliary irritation. As an idiopathic affection, it is mostly confined to persons who have reached the period of middle life, or beyond, and whose constitutions are generally more or less debilitated. The chief exciting cause is cold, though the disease is sometimes of epidemic origin.

TREATMENT.—*Aconite* and *Belladonna*, with warm fomentations, generally constitute all the treatment required. When secondary to facial erysipelas, remedies should be selected with special reference to the primary disease. *See Erysipelas of the Head and Face.*

7—EXANTHEMATOUS CONJUNCTIVITIS.

The contagious exanthemata are accompanied by inflammations of the conjunctiva corresponding in intensity to the eruptive inflammations of the skin with which they are associated. As they seldom demand special treatment, and are, for the most part, neither sufficiently important nor peculiar to require minute description, we shall give them but brief consideration.

A—Scarlatinous and Rubeolous Conjunctivitis.

OPHTHALMIA SCARLATINOSA AND MORBILLOSA.

In scarlatina and measles, we have more or less redness and inflammation of the external membranes of the eye, with moderate pain or uneasiness, lachrymation, and sensibility to light. Sometimes, though rarely, phlyctænæ and ulcers also appear upon the cornea, and occasionally interstitial depositions take place between its laminæ. The ophthalmic disorder generally keeps pace with the cutaneous affection. It is less frequently

associated with scarlatina than with measles, of which it is a common attendant.

TREATMENT.—When the conjunctiva alone is affected, the treatment is the same as required for catarrhal ophthalmia, (which see.) Cool and tepid washes are generally agreeable, and with protection from light, and the occasional administration of *Aconite*, the inflammation usually runs a satisfactory course. When the exanthemata are succeeded by severe conjunctivitis extending to the submucous tissues, and especially when attended with ulceration of the cornea, the treatment should be much more active, in order to prevent opacity and loss of vision. In these cases, *Aconite* and *Mercurius*, with the diligent use of the cold compress, will be required.

B—Variolous Conjunctivitis.

OPHTHALMIA VARIOLOSA.

This form of ophthalmia is seated in both the orbital and palpebral conjunctiva, and in the cutaneous covering of the lids. It occurs conjointly with, and subsequently to the variolous disease; and not unfrequently it assumes a chronic form. Most commonly it is confined to the lids, the external surface of which, with their ciliary margins, are covered with a greater or less number of variolous pustules, which produce extensive swelling, and close the eyes. As the eruption declines, the swelling abates, and the globe of the eye is found uninjured.

In a small proportion of cases, however, (stated by some authorities at about four per cent. of the whole number,) the inflammation likewise involves the conjunctiva and cornea. This is what constitutes the true variolous ophthalmia, and is always a dangerous disease. The inflammation is so violent, and proceeds with such rapidity, as to cause suppuration and more or less sloughing. The results are in proportion to the extent and violence of the inflammation. Staphyloma, prolapsion of the iris, synechia anterior, obliteration of the pupil,

opacity of the cornea, collapse of the globe, and partial or complete blindness, are not uncommon terminations.

TREATMENT.—The suppurative form of variolous ophthalmia, which does not generally set in until after the decline of the cutaneous affection, requires the same treatment as purulent conjunctivitis, (which see.) Treatment for the palpebral inflammation will be given in the next article (which see.)

ART. II.—BLEPHARITIS.

The term *blepharitis*, signifying inflammation of the eyelids, is a general one, and may therefore be properly used to denote any variety of inflammation to which the lids are subject; but inasmuch as these inflammations are mostly of a subacute or chronic character, as they occur for the most part in scrofulous subjects, and as they are chiefly limited to the tarsal borders; in other words, as they possess many features in common, we shall include under it the several conditions known as Ophthalmia Tarsi, Psorophthalmia, Blepharitis Ciliaris, Eczema Palpebrarum, etc., reserving the more acute, but less common forms of palpebral inflammation for separate consideration.

I—BLEPHARITIS CILIARIS.

FOLLICULAR INFLAMMATION OF THE LIDS.

Blepharitis ciliaris is an ulcerative inflammation of the edges of the eyelids, depending on a psoric or scrofulous condition of the system, or occurring as a sequence of measles and other exanthemata, styes, etc.

SYMPTOMS.—The disease commences as an eczematous inflammation of the cuticle of the edge of the lid, the epidermis of which either desquamates or suffers ulceration. The inflammation and ulceration produce suppuration, and the purulent matter collecting at the roots of the cilia forms scabs, beneath which the ulcerative process continues. As the ciliary follicles become inflamed, the cilia loosen and drop out. The inflam-

mation also invades the meibomian glands, or follicles, which with the ciliary apertures may become permanently occluded. In this manner the disease may continue until the whole ciliary border becomes ulcerated, the outer surface of the lids, as well as the conjunctival lining, inflamed, the cilia destroyed, the tarsal edges thickened and indurated, and the puncta lachrymalia everted, so that the tears overflow the lids; ultimately, the skin contracts so as to cause more or less ectropium. This is the state called *lippitudo* or *blear eye.* Sometimes, in chronic cases, the edges of the lids turn inwards instead of outwards, producing trichiasis and entropium. The cilia by constant contact with the globe may inflame the cornea, causing a superficial vascular keratitis which may result in pannus.

RESULTS.—These are: loss of cilia, epiphora, lippitudo, ectropium, entropium, trichiasis, diatrichiasis, opacity of the cornea, pannus, and more or less impairment of vision.

ETIOLOGY.—In addition to the causes already enumerated, namely, scrofula, small pox, measles, erysipelas, etc., may be mentioned such causes as cold and damp air, smoke, dust, and other irritants, especially when acting on a psoric or strumous constitution.

PROGNOSIS.—This disease is always protracted, and subject to frequent relapses. In its earlier stages, before ulceration has involved the entire margin of the lids, destroyed the cilia, and produced hypertrophy of the palpebral tissues, the disease may be cured; but after these changes have occurred, it only admits of palliation.

TREATMENT.—The edges of the lids should be kept free from scabs and purulent accumulations by cleansing them as often as may be necessary with tepid water, after which they should be bathed with some mild astringent lotion, such as a weak solution of alumen or muriate of hydrastia. At night, they should be anointed with simple cerate or spermaceti, in order, to prevent as far as possible, their becoming glued together

with the discharges; and in the morning the agglutinating matter should be softened with tepid milk and water, or, what is better, with warm cream, until the lids can be separated without the use of force, the employment of which will surely aggravate the disease. If trichiasis exists, the inverted hairs should be carefully removed, as they are not only a great annoyance to the patient, but they keep up such a constant irritation as greatly to aggravate the inflammation, and ultimately produce opacity of the cornea. Stimulating ointments without number have been recommended, but the most popular, and, in most cases effective, is the red precipitate, of the strength of about fifteen grains to the ounce of simple cerate, which should be carefully applied to the tarsal edges at night.

The internal treatment should be similar to that recommended for scrofulous ophthalmia, (which see.) Consult also, the article SCROFULA; likewise, TABLES XIV. and XV. and the THERAPEUTIC INDICATIONS at the end of the section on *Ophthalmic Diseases.*

DIET AND REGIMEN.—The diet should be carefully regulated; and should consist of nutritive and easily digestible food, such as milk, soft boiled eggs, and wholesome meats, stale bread with fresh butter, and a due admixture of fresh vegetables and fruit. The clothing, also, should be carefully attended to, so as to protect the patient against the effects of sudden atmospheric changes. Special caution should be observed against reading at night, or exposing the eyes to dust and smoke, or to the glare of the sun, gas and other bright lights. Frequent ablutions, exercise and fresh air, are important adjuvants in the treatment and should not be overlooked.

2—INFLAMMATIO PALPEBRARUM.

SIMPLE INFLAMMATION OF THE LIDS.

Simple inflammation of the eyelids is characterized by redness, swelling and soreness of the tarsal border, whence it spreads over the entire lid. It is generally of catarrhal origin,

and is almost always associated with more or less conjunctivitis. When severe, the cellular tissue is apt to become involved, giving rise to œdema and in some cases to abscess.

Œdema.—Effusion of serum into the cellular texture of the eyelid, is a frequent result of ophthalmic inflammation, whether simple or specific. When severe, as in the various forms of purulent ophthalmia, the tumefaction of the lids becomes very great, the upper projecting over the lower, and presenting a smooth convex surface of a bright red color. In other cases, the vascular congestion is such as to cause considerable swelling with little or no external redness. In inflammation of the lachrymal sac, the lids are often greatly distended, subsiding only when the cause is removed. Œdema of the lids also occurs in cases of hordeolum, or stye, from the bites and stings of insects, from erysipelas and anasarca of the face, and from other causes.

Abscess, though necessarily dependent upon inflammation, is frequently the result of injury. It may form on either side of the palpebral cartilage, or it may exist in both situations at the same time; consequently, the matter may approach the surface in either direction. Neglected cases sometimes result in very great deformity, giving rise to ectropium or lagophthalmus, and sometimes to both.

TREATMENT.—For simple uncomplicated inflammation of the lids, *Aconite*, or *Aconite* and *Belladonna* in alternation, with the early use of the cold compress, is generally sufficient to effect a cure. Œdema usually requires *Apis*, *Arsenicum* or *Rhus tox.* Abscess calls for such additional remedies as *Hepar*, *Silicia* and *Calcarea*. In order to prevent deformity, the lancet should be used as soon as fluctuation can be detected, being careful to make the incision in a horizontal direction, so that the cicatrix remaining may be concealed by the natural folds of the integument.

ART. III.—KERATITIS.

Inflammation of the cornea is not only frequently associated, as we have seen, with several forms of ophthalmia, but also occurs as a primary or idiopathic affection. It is only when the inflammation begins in the cornea, however, that the disease is to be classed as *keratitis*. The affection assumes a great variety of forms, according as it is simple or complicated, vascular or non-vascular, inflammatory or non-inflammatory, partial or total, acute or chronic, active or indolent, fascicular, phlyctenular, diffuse, suppurative, neuro-paralytic, etc. These and various other distinctions we shall find it convenient to consider under the following four heads, namely: (1) diffuse keratitis; (2) suppurative keratitis; (3) vascular keratitis, and (4) phlyctenular keratitis. Keratitis punctata being a secondary form will be described under iritis. (See *Serous Iritis.*)

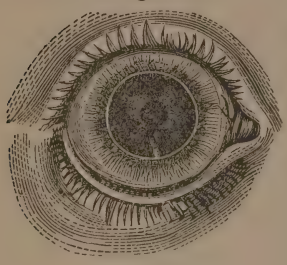
1—DIFFUSE KERATITIS.

PARENCHYMATOUS, OR INTERSTITIAL CORNEITIS.

SYMPTOMS.—Diffuse inflammation of the cornea, when fully formed, is characterized by more or less impairment of vision from interstitial deposition. At first the cornea has a somewhat hazy, cloudy, or smoky appearance, which partially impedes the transmission of light. This condition is called *nebula*, and constitutes the slightest form of corneal opacity. As the disease progresses, the opacity increases, and vision becomes less and less distinct; but owing to inequalities in its developement, the sight is less troubled than it would otherwise be. This arises from the fact that clearer, or less affected portions of the cornea remain scattered among the more opaque, as if the infiltration had occurred only in detached points, though as a general rule the opacity first begins at the limbus, where its density is greatest, and spreads gradually more and more towards the centre, until finally it involves the whole cornea. Sometimes, however, the reverse of this occurs; the infil-

tration beginning at or near the centre, and gradually extending towards the circumference. The more opaque parts are sometimes of a yellowish hue, as though suppuration had occurred there, but this is seldom the case in the form of keratitis we are now considering. In addition to these changes, the surface of the cornea loses its usual polish and becomes unequal, as if sanded or dotted over with fine points. (*See Fig. 8.*) It is this fine stippled appearance of the surface which causes nebulous vision, and gives to the eye its peculiar dull expression at the beginning of the complaint.

Fig. 8



KERATITIS.

The degree of inflammation and vascular injection varies greatly in different cases. Sometimes the injection is inconsiderable, and then the disease is called non-vascular. In other cases, with a varying amount of conjunctival injection, the disease is marked by a zone of deep parallel vessels running towards the cornea—the distended trunks of which lie beneath the conjunctiva, in the sub-conjunctival or episcleral tissue, and known as the episcleral or circumcorneal zone—whose minute branches or extremities passing the border of the cornea, form upon the limbus a small circle, or oftener a segment of a circle, of a dark red tint, which presents a marked contrast with the opaque centre of the cornea and the pink-colored zone of the border. (*See Fig. 8,*) Vascular diffuse keratitis is also characterized by the presence of delicate vessels in the deeper layers of the cornea, extending from the corneal zone to the several centres of exudation.

In addition to the above symptoms, diffuse keratitis also gives rise to more or less ciliary irritation, photophobia and lachrymation, especially on exposure to light. Occasionally these symptoms are so slight as scarcely to attract attention; but in the majority of cases they are quite marked, especially

at the beginning of the disease, and before exudation has taken place. Afterwards, as the process of infiltration goes on, they generally become less prominent and sometimes disappear altogether; in some cases, however, they remain unchanged or with varying degrees of intensity throughout the progress of the disease. Having reached its height, the affection frequently continues for weeks and months apparently stationary before beginning to decline. The retrograde metamorphosis takes place with great slowness, and several months often elapse before the cornea fully recovers its transparency. Vascular diffuse keratitis generally runs its course more rapidly than the non-vascular which is extremely indolent.

The disease is seldom confined to one eye; the second eye is generally attacked soon after the first. This is very discouraging to the patient, and it is generally difficult to make him believe that he is not going blind. The affection is frequently complicated with iritis, irido-choroiditis, cyclitis, or with some other form of keratitis. As the iris is hid from view during the progress of the case, the practitioner should be particularly on his guard, lest when the cornea becomes clear he find his patient affected with posterior synechia.

ETIOLOGY.—Diffuse keratitis has been called syphilitic, under the mistaken notion that it owes its origin to hereditary syphilis. There is probably no good foundation for this belief, any more than there is for referring it to scrofula or tuberculosis. It is true it is frequently met with in persons affected with hereditary or constitutional syphilis, but it is also true that it occurs just as often in those in whom not a trace of syphilitic taint can be discovered. The disease occurs at all times and under all conditions of life; but chiefly in children between the ages of ten and fifteen years, especially those of a delicate constitution, many of whom are more or less weakly, anæmic and scrofulous. It is highly probable, therefore, that delicacy of constitution, defective nutrition, or a broken-down

state of the system—in short, deficient vital action—contribute more to its production than syphilis, either hereditary or acquired.

PROGNOSIS.—This is generally favorable; for notwithstanding its chronicity and tendency to relapse, the disease is seldom attended with ulceration, and, if properly treated, the cornea finally clears up, leaving little if any trace of its previous diseased condition. Some slight inequality in its curvature may remain, however, especially if there has been much bulging from intra-ocular pressure; but the causes which commonly give rise to this condition generally prove more serious in other ways. Hence the prognosis will be more or less favorable, according as the inflammation affects the deeper tissues of the eye.

TREATMENT.—The employment of caustics, or even astringent collyria, should be carefully avoided, as such applications not only do no good, but often do much harm. This caution is all the more necessary, as the temptation to use them is often stimulated by the importunities of the patient, under the idea that the long duration of the disease may in this way be abridged. The danger lies in their tendency to cause serious complications, such as iritis, cyclitis, ulceration of the cornea, etc. Atropine should be instilled as soon as it can be well borne, for although it will not be absorbed to any great extent until the cornea begins to clear, it is important to obtain its early action in dilating the pupil, and thereby prevent the formation of posterior synechiæ, (See *Iritis*.) Paracentesis and iridectomy prove useful in accelerating the cure, and sometimes succeed in arresting the disease at an early stage. They are especially indicated if symptoms of cyclitis supervene, or if there is continued increase of intra-ocular pressure. (See *Iritis* and *Cyclitis*.) In very chronic cases, especially those of the non-vascular variety, Von Graefe recommends the employment of warm compresses. If used with sufficient care in this

class of cases, and discontinued immediately they have fulfilled their mission, namely, to stimulate the action of the bloodvessels of the cornea, they will doubtless do much good in promoting absorption of the exudations; but it is evident that such applications cannot be safely left to the judgment of inexperienced attendants. The same end may be accomplished by applying mild irritants, such as Mercurius dulcis, to the diseased membrane. This may be employed once a day by insufflation with great advantage, being careful to see that the calomel is pure and free from lumps. Wells recommends a collyrium of Kali hydriod, (gr. ij. @ ℥j) for the same purpose.

THERAPEUTIC INDICATIONS.

Aconite.—This remedy is useful whenever the vascular reaction is in excess.

Arsenicum.—This is one of the best internal remedies for ulceration of the cornea, and is also frequently serviceable in a weak and impoverished state of the general system.

Belladonna is indicated whenever there is much conjunctival injection and ciliary neuralgia.

Cactus frequently relieves nervous and vascular irritation in the ciliary region, and also the accompanying asthenopia.

Cimicifuga.—This remedy is often useful when there is much neuralgia and ciliary irritation.

Conium is often a valuable remedy in allaying photophobia, especially when accompanied with much ciliary irritation.

Gelseminum is indicated in cases attended with asthenopic symptoms and photophobia, especially when associated with marked hyperæmia and hyperæsthesia of the retina and ciliary nerves.

Hepar sulph.—This remedy is useful in promoting absorption of the exudation and clearing the cornea, more particularly in indolent and chronic cases.

Kali hydriodicum is an important constitutional remedy, especially in syphilitic cases.

Mercurius is very servicable in cases attended with ulceration, either with or without photophobia, but is more particularly useful in promoting interstitial absorption. It may often be advantageously alternated with Hepar sulphuris.

Nitric acid is especially indicated when, in addition to photophobia, lachrymation and nervous irritation, the patient is laboring under syphilitic dyscrasia, or a weak and impoverished state of the constitution.

Spigelia.—This is one of our best remedies for ciliary irritation and neuralgia, especially when there is much hyperæmia of the ciliary vessels, and photophobia.

For additional remedies, see *Tables XIV* and *XV.*, and consult the *Therapeutic Indications* at the end of the section on *Ophthalmic Diseases.*

DIET AND REGIMEN.—The diet will in most cases require to be of the most liberal and nutritious character, consisting chiefly of such articles as roast beef, eggs, milk and other kinds of nitrogenous food, together with a due proportion of vegetables and ripe fruit. In some cases benefit will be derived from partaking freely of malt liquors, wine, kumiss, and other like stimulants.

Care should be taken, by shading the eyes or otherwise, not to expose them while under treatment to any irritating or injurious influences, such as wind, dust, smoke, heat, bright light, etc., and at the same time to guard against the debilitating effects of confinement and vitiated air, by regular out-door exercise, ventilation and the observance of such other hygienic regulations as the habits and surroundings of the patient may demand.

ERRATUM.—In article on Diphtheritic Conjunctivitis in November number, page 570, for "episcleral" read "epichondral."

Book Notices, Etc.

MICRO-PHOTOGRAPHS IN HISTOLOGY, NORMAL AND PATHOLOGICAL. By Carl Seiler, M. D., in conjunction with J. Gibbons Hunt, M. D., and Joseph G. Richardson, M. D. Vol. 1, Nos. 3, 4 and 5. J. H. Coates & Co., 824 Chestnut street, Philadelphia.

Month after month this commendable publication makes its appearance with praiseworthy regularity. The text is voluminous enough to be lucid and at the same time concise enough to satisfy the most busy practitioner. To him who is already "well-up" in histology it supplies a good memory-refreshing review, while to the novice it points out the salient features to be observed in the micro-photograph, and at the same time suggests the line of reading necessary for a full understanding of the subject.

As a rule, we find Dr. Seiler's micro-photographs satisfactory. The obstacles with which he has to contend are best known to those who have worked in the same field, and however deficient the pictures may appear to him who is accustomed to illustrations on wood, zinc, copper, or steel, it is still true that their real merits will not fail to receive the approbation of those who are competent to judge them fairly.

Our only suggestion is that, generally, lenses of greater amplification be employed. To be sure, this makes the illumination more difficult, restricts the included tissue-area, and the lens-penetration, but it will afford a minuteness of detail which we now miss.

On the contrary, we submit that some of the micro-photographs are over-amplified, and we would cite plates XIX, XX, as instances. The specimen which furnishes plate XIX, at its best, can only show the vascular distribution, and a "power" of 45 or 50 diameters would include more tissue and give a *finer* picture—that is, it would look less *blurred*.

Plate XX would gain in "definition" at just half of its present amplification.

Let us request the novice to inspect plate XVII through the lens of his "bull's-eye condenser;" he will then get such evidences of the *fidelity* of a micro-photograph as he can never expect to obtain from the graver of any artist. The same method of inspection is applicable to nearly all the other illustrations.

When we consider how much this work will facilitate the study of histology in the class-room, we can but wish Drs. Seiler, Hunt, and Richardson a hearty God speed.

At the reasonable rate of $6.00 *per annum* the work is surely within the reach of all those to whom the practice of medicine is more than a means of making money.

There is one thing more to be remembered, namely: the authors of this work are really developing micro-photograpy and if they assume the *onera* let us not forget to aid them with the *munera*.

S. A. JONES.

RUECKERT'S KLINISCHE ERFAHRUNGEN.

Our always welcome friend—Rueckert's Klinische Erfahrungen, zusammengestellt und verglichen, bei Dr. Oehme, auf Staten Island, N. Y., zweite Lieferung, vom Jahre 1860–1870—has made its appearance at our table. We always feel sorry that this valuable and interesting work remains useless in the hands of our physicians who are not acquainted with the German tongue. The second part before us contains a collection of all important clinical cases that have been reported in the homœopathic literature of both America and Europe, with reference to the disorders of the head, eyes, ears and nose. The resume at the end of each chapter and many notations, by the editor and others, are most practical, and Dr. Oehme deserves great credit for such painstaking and laborious undertaking.

The work ought to be in the library of every practitioner acquainted with the German language. We are informed that if the work finds the same ready sale in the future as it has had in the past, the coming sections will contain about from 250 to 300 pages, always finish with the end of a chapter (not part of one), and contain the homœopathic lierature to the latest day.

W. EGGERT.

THERAPEUTICS OF DIPHTHERITIS; a compilation and critical review of the German and American Homœopathic Literature, by F. Gust. Oehme, M. D., of Staten Island, N. Y. Boericke & Tafel, 1876.

An octavo pamphlet of 68 pages containing the treatment of diphtheria, collected from the German and American homœopathic literature. We believe it is a valuable compilation and that its value would be increased by adding the reports of treatment which the author would readily find in the thirteen volumes of this Journal.

Prof. S. A. Jones says:

This very practical monograph is a reprint from our "veteran" journal—the rejuvenized *North American*. [I never doubt the value of transfusion when I see what "S. L's" life-blood has done for the exsanguinated Quarterly of 1870!]

Scholarcraft can never furnish any more magnanimous work than is evinced in Dr. Oehme's compilation. Too often the scholar keeps to himself the treasures he gathers from the many-tongued contributors to science, but our Doctor has opened (not a "free lunch" or a charity dinner, but) a rich repast to which the brotherhood of a common craft makes all welcome.

This monograph cannot but be widely read, and when its teachings are applied and many a precious life is saved thereby, how many a warm "Plaudite!" will be given to the head that planned and the heart that prompted the making of it.

We most sincerely trust that our profession will so gen-

erally buy this compilation as to encourage Dr. Oehme and the publishers to continue "on this line."

A library of interleaved copies of such monographs would be such an *arsenal* as is not now accessible to many of us.

The specimen of which we now write is sold at *50 cents*, and no physician who reads it would go without it for ten times that amount.

A TREATISE ON DISEASES OF THE SKIN. By S. Lilienthal, M. D. New York and Philadelphia. Boericke & Tafel, 1876. Price, $3.50.

A very unpretentious title for an octavo volume of nearly 500 pages, containing the result of the most careful and painstaking labor of one of the best writers in our school. Prof. L. says he has gleaned critically and carefully from the best authorities in regard to the pathology and therapeutics of these forms of disease, and we know that his work is never done heedlessly. Those of us who have been the most successful in the treatment of affections of the skin, will hail the publication of this work with pleasure, and those who have not met with satisfactory success had better avail themselves of this reliable guide-book.

OPHTHALMIC THERAPEUTICS, by Timothy F. Allen, M.D., and Geo. S. Norton, M.D. Boericke & Tafel, New York and Philadelphia, 1876.

One of the most encouraging signs of the progress of our art is the steady improvement in our literature from year to year. We have many books of the highest merit from the press of Messrs. Boericke & Tafel, but none are more welcome than the works on Special Therapeutics. That before us, relating to Ophthalmic diseases, is the result of the many years' experience of the authors, who are skillful surgeons of the New York Oph-

thalmic Hospital, where they have had very fine success in the treatment of diseases of the eye with homœopathic remedies.

This work contains 269 octavo pages, about one-half of which is devoted to the eye symptoms of remedies, and the remainder to brief statements of eye diseases and treatment.

LINDSAY & BLAKISTON'S VISITING LIST. Philadelphia, 1877.

The twenty-sixth year of the publication of this convenient pocket record for physicians. Their prices are: for 25 patients per week, $1; for 50, $1.25 (in two volumes, $2.50); for 75, $1.50; for 100, $2.00 (in two volumes, $3.00). Interleaved, for 25 patients a week, $1.50; for 50, $1.75 (in two volumes, $3.00) They will be supplied at publishers' rates from this office.

A DOZEN CASES OF CLINICAL SURGERY. By Wm. Tod Helmuth, M.D. Albany: Weed, Parsons & Co.

A reprint from the Proceedings of New York Homœopathic Society Transactions of a very praiseworthy record. The Dozen Cases so well reported and illustrated, are well worthy of the reputation of one of the most skillful homœopathic surgeons

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THE METROPOLITAN PULPIT. The Religious Newspaper Agency, 96 Nassau Street, New York, Publishers.

This is a new monthly of 20 large octavo pages, double columns, printed on tinted paper, containing revised reports of sermons by distinguished preachers of New York and vicinity. The subscription is only $1 per year. The November number contains, among other rich things, a literary curiosity in the shape of the skeleton of a sermon by Henry Ward Beecher, which reminds one of the MSS. skeletons we have seen on envelopes and half-sheets note paper by a greater preacher, C. H. Spurgeon.

MESSRS. CARTER & BRO'S. PUBLICATIONS.

Messrs. Robt. Carter & Bros., will send their Autumn List on application, Address them 530 Broadway, N. Y.

Their books are printed on excellent paper, with new type, very neatly bound and sold at remarkably low prices considering the styles in which they are sent out.

We have received the following works from them, and have had great satisfaction in their perusal:

Fraser's Synoptical Lectures upon the Bible. 3 vols. Cloth, $6.
Dr. Guthrie's Autobiography and Memoirs. 2 vols. Cloth, $4.
Dr. Guthrie's Works. 9 vols. $13.50.
Ryle's Notes on the Gospel. 7 vols. $10.50.
Dr. Bowes Scripture its own Illustrator, $1.50.

BEST THOUGHTS AND DISCOURSES OF D. L. MOODY. The work of Moody and Sankey, as Evangelists, with Sketches of their Lives and Portraits, on Steel, by Abbie Clemens Morrow. Introduction by Rev. Emory J. Haynes. Price 75 cents. N. Tibbals & Sons, 37 Park Row, N. Y.

One of the advantages of this Columbian Edition is it is numbered and indexed, so that every thought and incident can be found by referring to the index; It is the only edition that has steel engravings. It will richly repay perusal.

THE HARVEST AND THE REAPER. Reminiscences of Revival Work of Mrs. Maggie N. Van Cott. New York: N. Tibbals & Sons. 12 mo., $1.50.

Mrs. Van Cott is the first woman who has been licensed to preach by the Methodist Episcopal Church in the United States. This volume gives a very readable account of her extraordinary labors and successes.

Further Notices are deferred to January number.

American Observer.

EDWIN ALBERT LODGE, M. D, DETROIT, MICHIGAN, GENERAL EDITOR.

COMOCLADIA DENTATA.

Accompanying the proving of this drug which we publish, pp. 593–602, was the following letter of Dr. Hyde. Satisfied that no intentional injustice had been done we sent proof of this letter to Prof. Allen, and gladly print from his pen an explanation which will be quite satisfactory to Dr. H.

TERRE HAUTE, IND., May 8, 1876.

To the President and members of the Indiana Institute of Homœopathy :

GENTLEMEN—I regret exceedingly that I cannot be with you to-morrow. I however forward to you a *proving* of the *Comocladia Dentata*, without comment, as I do not wish to appropriate too much of your time. Tollowing the *Proving*, are clinical cases very much abbreviated. You will observe that the characteristics of the remedy are very clearly exhibited in the proving. I feel, however, that I would do injustice not only to myself, but to the truth of history, did I not call attention to Dr. T. F. Allen's Authorities for the proving of Comocladia Dentata, as found on page 509, vol. III of his Encyclopedia of Pure Materia Medica, which contains several inexcusable errors.

About the 15th of November, 1854, I received from Prof. Humphrey, at the Homœopathic College, in Philadelphia, a two drachm vial of liquid, marked on the cork, Comocladia Dentata 5–100.

On Saturday morning, November 18th, 1864, 7½ o'clock, I took one drop. This was the beginning of the first physiological proving of the Como. dent. recorded in our literature. The following February, I proved it on a young lady and gentleman. Those three provings were published in vol. 4 Phil. Journal of Homœopathy, The credit is there given to Dr. J. G. Houard.

By turning to Allen's Authorities, I find "(1) Otto's provings, with 1 to 4 drops of the tincture." The symptoms marked (1) are my own, not Otto's. Otto never proved it. Mr. Otto, while sojourning at Trinidad de Cuba was poisoned by the tree on the 12th day of March, 1842. The symptoms marked (2), are those of Miss J., the young lady referred to. No. (3) are the young gentleman's, "Mr. G. Took pellets of the 1st (what scale?) and afterwards of the 2d dil. (what scale); (4) same took 2 and 3 drops of the tincture." Mr. G. took nothing but pellets saturated with what I received from Dr. Humphrey, marked 5–100.

Again, "(7), Dr. Humphrey's provings (while Professor at Philadelphia), with 2d dil.; from unpublished MSS. furnished by him for this work." Dr. Humphrey did not furnish the MSS.

I held in my possession that MSS. 19 years and forwarded to Dr. Allen, in January, 1875.

I quote from Dr. Allen's letter to me, dated January 28th, 1875, acknowledging the receipt of the manuscript referred to.

"Many thanks for your proving of Comocladia by Dr. Humphrey and for your notes in regard to the provings published in the Philadelphia Journal, which will be properly inserted in my Encyclopedia." So much for Dr. Allen's accuracy. I regret very much, gentlemen, to address this letter to you, exposing the errors of any of our book makers, but I feel that I would be doing wrong to remain silent. Respectfully,

J. HYDE.

REPLY OF DR. ALLEN.

Dr. Hyde's strictures upon my authorities to Comocladia are just. I received his MSS. and notes, thanked him and filed the material in its proper place. I am now unable to explain how his notes were lost, but so it seems: had he called my attention to it before, the correction would have appeared in the 4th vol.; as it is, I will make it as public as possible.

Dr. Humphrey had furnished me other MSS. and I had forgotten that this did not also come from him.

I am only sorry that Dr. Hyde "regrets to expose my errors," for I desire the sharpest criticism that can justly be made, conscious that there must be slips and errors in a work of the magnitude of the Encyclopedia.

T. F. ALLEN.

UNIVERSITY OF MICHIGAN.

THE HOMŒOPATHIC COLLEGE.

A Statement by Profs. McLean and Frothingham as to the Controversy.

The Special Correspondent of *The Detroit Tribune* dated Ann Arbor November 3, 1876, reports:

At the recent meeting of the Board of Regents of the University, a petition was to be presented by the leading homeopathic physicians of the State, asking that the homœopathic college be reorganized on a basis which should give it independent professors in materia medica, the theory and practice of medicine, therapeutical and clinical surgery, obstetrics, and diseases of women and children, anatomy and physiology. As the petition was printed and circulated about the State before the meeting, a copy fell into the hands of the faculty of the regular school, two of whose members, Drs. Frothingham and McLean, drew up and presented a counter petition. As it is a matter of

interest to know how these gentlemen stand on the question the following abstract of the remonstrance presented by them is given below.

The petition of the homœopathists referred to an expression issued by some member of the regular faculty in which he has said that if homeopathy were left alone in the university for two years, they could strangle it. The counter petition sets forth that the expression did not in the opinion of the petitioners intend violence and injustice to the homœopathic students, by refusing to recognize and certify to their qualifications in such branches as they pursue in the regular department of medicine. The language intended to assert "the belief of the author that a thorough course of study in those sciences upon which therapeutics is based, must of a necessity strangle (suppress) a doctrine like homeopathy, which he fully believed to be an error." It is further stated that no member of the faculty ever contemplated any injustice to homœopathic students in their examination. It was argued that the professed arrangement would devote an undue proportion of time to the study of materia medica, in which four times as much time would be devoted as is given by the regular school. Again, no provision is made for the study of chemistry and "anatomy and physiology are to be slurred over by a course of one or two months given by a single teacher."

A further protest was offered in the additional burden that would be laid upon the people in requiring them to support two professors of do the work of one, "to duplicate the chemical laboratory and equip, at extra expense, two incomplete schools of medicine, when one good, well sustained school would offer better advantages and send out better graduates at a much less cost to the people." It was suggested that the funds at the disposal of the board be not scattered, but used to equlp a complete physiological laboratory, which is so much needed.

Unless the State chooses to provide sufficient money to furnish for the homœpathic college a complete chemical laboratory and dissecting room, and competent teachers of chemistry, anatomy and physiology, it seems to be undersigned that the interests of humanity would demand that graduates be not sent forth from it with the seal of the University placed upon the testimonial of their proficiency, untill they have been compelled to avail themselves of all the facilities that the generosity of the people have provided for their instruction. The plan proposed it was believed would tend to increase the numbers in attendance at both schools, but it was claimed that the interests of the people demand that there be a secondary object; that the thorough equipment of graduates in medicine should be the prime consideration.

The present arrangement, it was well known, furnished a pretext for the attacks of rivals and enemies, but those who attack the university and especially the medical department, are and always have

been its secret enemies; while they, the petitioners, do not believe in the appropriation of the public funds for the support of sectarian medicine. They believe that while this is compelled by the Legislature, the plan adopted by the board is the wisest that has been suggested, and while they choose to adhere to it, they say: "You may rely upon our support and also upon our remaining at our posts regardless of any professional ostracism threatened or consummated."

After referring to the efforts which are being made to overturn the medical department the petition closed as follows: "We are ready to furnish you the proof that the medical departmet of this institution is thus violently attacked, and that unless more systematically and vigorously defended it is liable to be destroyed, and while laboring to the best of our ability to avert this misfortune to the profession and the people, we feel it our duty to warn you of the danger, and ask you to enlist in in the struggle."

To the Editor of the Observer;

Your reprint from the *Detroit Tribune* will supply your readers with some information concerning the Homœopathic College, which oddly enough, is derived from a "*Statement by Profs. McLean aud Frothingham.*"

You know, sir, that Pope says,

> "Vice is a monster of so frightful mien,
> As to be hated needs but to be seen;
> Yet seen too oft, familiar with her face,
> We first endure, then pity, then embrace."

Well, sir, doesn't it appear as if these learned professors had read it "Homœopathy" instead of "Vice," and had already gotten so far into the "pity" that their next progression will be the "embrace."

Poor professors! and still poorer Homœopathy!!

Permit me, now, to hastily delineate the tender regard of these self-appointed Defenders of the Faith for Homœopathy, as I may be able to show that, like the gifted Mark Twain, they always write best about that of which they know the least.

First, then, these gentlemen are moved in their hearts by "a petition which was to be presented by the leading homœopathic physicians of the State," etc., etc. Secondly, the said petition was designed to introduce more evils into the University than the wooden horse did into Troy. Thirdly, the public are informed that "it is a matter of

interest" for them "to know how these gentlemen stand on the question." (Q. E. D., let *me* add.)

Now the "petition" which moved the hearts of our professors is a document gotten up by an avowed enemy of the Homœopathic College with the design of discouraging matriculation therein, and the said petition got half of its force from a threat made by Prof. McLean that *his faculty would "strangle" Homœopathy, etc., etc.*

The said "petition" was deemed so valuable a "campaign document" against Homœopathy that Profs. McLean and Frothingham had it reprinted, and distributed to the "regular" class with the injunction that they should send the reprint to their preceptors.

So far as Homœopathy is concerned, that "petition" containing *Prof. McLean's threat* was successfully used by its author to frighten students from the Homœopathic College, and much praise is due to Prof. McLean for *his share* in keeping the class of homœopathic students as small as it is. The professor deserves well of his school, for he has surely earned the plaudit, "Well done, good and faithful servant!"

Since the meeting of the Regents our professors have had ample opportunity to learn that the "petition" which made them feel "*so* bad" was repudiated before the Board of Regents by the Dean of the Homœopathic College in the name and by the authority of "the leading homœopathic physicians of the State."

So far, then, as the counter-petition and the protest of Profs. McLean and Frothingham are concerned, they have the satisfaction of knowing that its only valid objective point is a brace of homœopathic malcontents, too puny to waste a shot upon, too ignorant to call for a refutal, and, so far as the Homœopathic College is concerned, whose curse is worth far more than their blessing.

The endeavor of Profs. McLean and Frothingham to make the homœopathic physicians of Michigan responsible for a scheme which is only a caricature of a medical college is certainly commendable from a "regular" point of view, but our learned professors should have known that the best laid schemes of not only mice end too often in a fizzle and a stench offensive to all fair-minded men.

In the "further protest" of our professors their virtuous hearts

are all aglow with the double-desire of saving the State any unnecessary expense, and of securing for the homœopathic students a high-toned "scientific" education! In which most laudable endeavors I stand on the utmost verge of the "bloody chasm" (which only bigotry has dug), and stretch out both hands to them, eager, aye, hungry to meet them where our bounden duty to the State makes us

> Two schools with but a single thought;
> Two hearts that beat as one.

But let me relieve these virtuous professors of a painful fear, which, by sapping their strength, may curtail their usefulness. They are sad at heart to think that the "cussedness" of the homœopathic mind is so averse to taking in "science;" all who go forth as "medics" under "the broad seal of the University" should be soaked in "science"—saturated solutions thereof, at least, 90 *per cent. above proof!*

So far so good; but if this "science" is the great desideratum, *why their shameful apologies to their own School for teaching it to avowed hcmœopathic students?* If faithful in the discharge of their *obligations* to the State, they must teach this "science" to the despised homœopath; if not loyal in their fealty to the *exclusivism* of their own School they incur an anathema, and declare themselves "ready to furnish" to the Regents "the proof that the medical department is violently attacked, and that unless vigorously defended it is liable to be destroyed." A dire dilemma, in that it involves the world-old impossibility of serving two masters. To any but the "regular" mind the way out of this "fix" is as clear and as straight as a beam of God's sunlight—it is simply a choice between the State and equity, or the School and bigotry. (As I picked up this sentiment in the street, I give it as freely as I got it.)

Let me, however, assure these professors that "science" is like virtue—claimed loudest by those who have the least—and let me quote for them the sentiment of the good Vicar of Wakefield:

"*I was ever of the opinion that the honest man, who married and brought up a large family, did more service than he who continued single, and only talked of population.*"

Let these professors also be sure that they are teaching *science.* A book on Histology was recently recommended to the students in

the "regular" school, which is one of the earliest works on that branch published in this country, which has been long out of print, and can be had only when resurrected, fly-specked and dust-grimed, from the stalls of a second hand book stall. "Science," indeed; alas, it is not only the parrot that can repeat words which are

Vox, et praeterea nihil!

More than all by the evidence of sundry certificates which these very professors have already signed and delivered, it is demonstrated that they have found homœopathic students not second to their own in absorbing *their* "science."

Lastly, let me request these astute professors to desist from their fruitless game of throwing small tubs to an even smaller whale. If they elect to faithfully serve the State of Michigan in the University, they can walk with head erect in the consciousness that the State of Michigan is beneath, above, and around them. In that consciousness the despised "homœopath" finds an encouragement, a strength, and a peace which appear to be the natural fruit of trying to do one's duty, *and minding one's own business!*

SAMUEL A. JONES.

Ann Arbor, Nov. 7.

P. S.—In a subsequent letter I will consider which is the *sectarian School.*

AMERICAN OBSERVER FOR NEXT YEAR.

Our course in the management of this Journal during the past thirteen years may shadow forth its future. As promised we have aimed to be *Timely and Truthful — Practical and Progressive*, and feel grateful for the recognition that our physicians have given our efforts. Relying upon a continuance of their favors we continue the publication, and trust that their generous support will enable us to make every future volume excel those that have preceded.

Edwin Albert Lodge.

Have you paid your Subscription for the Observer this year?—This is a very practical question. We are not merely closing up the old year, but have commenced the year 1877, expecting to have our January number sent out promptly and that the issues of 1877 will be the best. Remittances for 1877, and arrearages, if any, will be most welcome.

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